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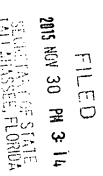
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Registration Section

Division of Corporations TOP MANAGEMENT, LLC SUBJECT: (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: **ALEXEY BURYA** (Contact Person) TOP MANAGEMENT, LLC (Firm/Company) 29074 174 ST. #1712 (Address) SUNNY ISLES, FL 33160 (City/State and Zip Code) For further information concerning this matter, please call: ALEXEY BURYA Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee □ \$55 Filing Fee & Certified Copy **MAILING ADDRESS:** STREET/COURIER ADDRESS: **Registration Section Registration Section** Division of Corporations **Division of Corporations** P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301



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TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as it a	appears on the records of the Florida Department.
2. The Florida doct L1500017697	•	ned to this limited liability company is:
4. I, GERMAN OI		ed or will withdraw/resign is:
	(Print Title)	
of this limited liab resignation in wr	bility company and affirm the li	mited liability company has been notified of my
Signature of Di	ssociating Member or Resignin	g Manager
	\$25.00 (Required) \$30.00 (Optional)	