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(Address)	
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M. MILLIGAN JAN 1 2 2017

CR2E079 (2/14)

COVER LETTER

TO: Registration Son Division of Co			
SUBJECT:	Problems Busters LLC		
	(Name of Limited Lia	ability Company)	
The enclosed member	, resignation or dissociation	and fee(s) are submitted for fi	ling.
Please return all corre	spondence concerning this m	atter to:	
Alex Sme	ejda		
	(Contact Person)		
Probl	ems Busters LLC		
	(Firm/Company)		
915 Lenox .	Ave, Apt. 101		
	(Address)		
Mian	ni Beach, FL, 33139		
(Ci	ty/State and Zip Code)		
For further information	on concerning this matter, ple	ase call:	
Alex Smejda	at (⁷	325-0603	
(Name of Co	ontact Person) (A	area Code & Daytime Telephone	e Number)
Enclosed please find a check made payable to the Florida Department of State for: 2 \$25 Filing Fee X \$55 Filing Fee & Certified Copy			
STREET/COURIER Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, Florida 3	ons er Circle	MAILING ADDR Registration Section Division of Corpora P.O. Box 6327 Tallahassee, Florida	n ations



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)

1. The name of the lin	mited liability company as it appears on the records of the Florida Department
of State is:	Problems Busters LLC
2. The Florida docum	nent/registration number assigned to this limited liability company is:
L15000	196207
3. The date this mem	ber/manager withdrew/resigned or will withdraw/resign is: 05/01/2017
	on, Simon James Massaglia, President, hereby withdraw/resign as a ne of Person Resigning)
	rint Title)
of this limited liabil resignation in writing	lity company and affirm the limited liability company has been notified of my ng.
	dolloop ventred 01/05/17 1:12PM EST HRN2-POZ4-ODOX-NMRA President
Signature of Diss	ociating Member or Resigning Manager
Filing Fee: Certified Copy:	, <u> </u>