## LIL 0000 35338

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
, ,				

Office Use Only



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" SECRETARY OF STATE
TALLAHASSEE, FLORIOA

018 APR 13 AM 10: 4



## 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)

	ne limited liability company as		of the Florida Department
	cument/registration number as	ssigned to this limited liab	oility company is:
L160000353	38		
3. The date this m	nember/manager withdrew/res	igned or will withdraw/re	sign is:
4. I, ILDIKO VA	RGA	harahu withdraw/w	ogian ag a
(Print	Name of Person Resigning)	, neleby withdraw/ie	rsign as a
MGR			
	(Print Title)		
of this limited li- resignation in w	ability company and affirm th	e limited liability compar	ny has been notified of my
	Oun		2018 APR I
Signature of D	issociating Member or Resig	ning Manager	mar W
Filing Fee:	\$25.00 (Required)		Free D
Certified Copy:	\$30.00 (Optional)		<b>□</b> □ <b>←</b>

## **COVER LETTER**

	Registration Section Division of Corporations		
SUBJE	.CT: TIBOR ESTATES LLC		
	(Name of Lim	ited Liability Cor	npany)
The end	closed member, resignation or dissoci	ation and fee(s	s) are submitted for filing.
Please r	return all correspondence concerning	this matter to:	
STEVE	EN WARM, ESQUIRE		
	(Contact Person)		_
	(Firm/Company)		_
3867 \$	SW93rd Terrace		
	(Address)		_
Gaine	sville, Florida 32608		
	(City/State and Zip Code)		_
For fur	ther information concerning this matt	er, please call:	
Miche	le O'Leary	561	715-7988
	(Name of Contact Person)		e & Daytime Telephone Number)
	ed please find a check made payable Filing Fee	to the Florida I	Department of State for: g Fee & Certified Copy
Registr Division Clifton 2661 E	ET/COURIER ADDRESS: ration Section on of Corporations a Building Executive Center Circle assee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)