L160000 76542

•		
(Re	equestor's Name)	
(Ad	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL.
(D.	rainana Cusis - No-	
	usiness Entity Nai	
(Do	ocument Number)	1
Certified Copies	Certificate	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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JUL 0 6 2016 S. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: BOCA 800, LLC				
(Name of Lim	ited Liability Con	npany)		
The enclosed member, resignation or dissoci	ation and fee(s) are submitted for filing.		
Please return all correspondence concerning	this matter to:			
Ross P. Beckerman				
(Contact Person)		-		7
Tim A. Shane, PA		_	16 JUL -5	I
(Firm/Company)			J	
5301 N. Federal Highway, Suite 130			PM	
(Address)		•	두. 5	
Boca Raton, FL 33487			-	
(City/State and Zip Code)		-		
For further information concerning this matter	er, please call:			
Ross P. Beckerman	561 at (886-5580		
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)	_	
Enclosed please find a check made payable to \$25 Filing Fee		epartment of State for: Fee & Certified Copy		
		MAILING ADDRESS:		
Registration Section Registration Section Division of Corporations Division of Corporations		Registration Section Division of Corporations		
Clifton Building P.O. Box 6327				
2661 Executive Center Circle		Tallahassee, Florida 32314		

Tallahassee, Florida 32301

CR2E079 (2/14)



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)

		appears on the records of the Flori	da Department
of State is: BOCA 800	, LLC		·
2. The Florida document/re L16000076542	egistration number assigr	ned to this limited liability compa	iny is:
3. The date this member/m	anager withdrew/resigne	ed or will withdraw/resign is: Apr	ril 20, 2016
Zoran Zelenikovski		_, hereby withdraw/resign as a	
Manager	erson Kesigning)		
(Print Tit	le)		4
of this limited liability coresignation in writing.	ompany and affirm the lin	mited liability company has been i	SECRETARY OF ANY
Signature of Dissociati	ng Member or Resigning	; Manager	H LORIDA FILORIDA
Filing Fee: \$25.	00 (Required)		**************************************

Certified Copy:

\$30.00 (Optional)