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17 AUG 29 AN 7: BY
SEGRETARY OF STATE
TALLAHASSEE ETSAIR

COVER LETTER

Registration Section Division of Corporations

TO:

CR2E079 (2/14)

SUBJECT: Palm Beach Ballroom
(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:
Anton Tregubor (Contact Person)
(Firm/Company)
5285 NW 106 Court (Address)
Doval FW 33178 (City/State and Zip Code)
For further information concerning this matter, please call:
Anton Tregubor at (347) 302 46 53 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\square\$ \$\s
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

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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 l	limited liability company as it appears on the records of the Florida Department
of State is: <u>Pa</u>	Ilm Beach Ballroom WWC.
2. The Florida docum	ment/registration number assigned to this limited liability company is:
	0126049
3. The date this men 4. I, ANTON	mber/manager withdrew/resigned or will withdraw/resign is: $\frac{08/21/17}{17}$ Tvegubov, hereby withdraw/resign as a me of Person Resigning)
	Print Title)
of this limited liab resignation in writ	bility company and affirm the limited liability company has been notified of my ting.
Signature of Dis	ssociating Member or Resigning Manager
Filing Fee:	