LICOUNGS TE

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ECRETARY OF STATE

COVER LETTER

TO: Registration Section
Division of Corporations

LEBEDOS INVES

SUBJECT: LEBEDOS INVESTMENT	S LLC	
(Name of L	imited Liability C	ompany)
The enclosed member, resignation or disso	ociation and fee	e(s) are submitted for filing.
Please return all correspondence concerning	ng this matter to	o :
Umut Cayirci		
(Contact Person)		_
LEBEDOS INVESTMENTS LLC		
(Firm/Company)		
6086 Terra Rosa Cir		
(Address)		
Boynton Beach FL 33472		
(City/State and Zip Code)		
For further information concerning this ma	atter, please cal	I:
Umut Cayirci	727 at (686-3532
(Name of Contact Person)		de & Daytime Telephone Number)
Enclosed please find a check made payable ■ \$25 Filing Fee		Department of State for: ng Fee & Certified Copy
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section		Registration Section
Division of Corporations Clifton Building		Division of Corporations P.O. Box 6327
2661 Executive Center Circle		Tallahassee, Florida 32314

CR2E079 (2/14)

Tallahassee. Florida 32301



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)

	Elimited liability company as it appears on the records of the Florida BEDOS INVESTMENTS LLC	a Department
2. The Florida docu L1600016577	ument/registration number assigned to this limited liability compan	y is:
3. The date this me	onber/manager withdrew/resigned or will withdraw/resign is:	1/2018
	hereby withdraw/resign as a Name of Person Resigning)	
Managing Me		
	(Print Title)	
resignation in wr	ability company and affirm the limited liability company has been not riting.	otified of my
Signature of Di	issociating Member or Resigning Manager	
	\$25.00 (Required) \$30.00 (Optional)	