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S Warren MAR 2 8 2017

COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: TIFERET TO LIC					
(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:					
AUSSANDRO MASCKAUCHAN					
(Contact Person)					
(Firm/Company)					
4807 TC KINUSY ST (Address)					
HOWY WOOD, FL 33021 (City/State and Zip Code)					
For further information concerning this matter, please call:					
ALEGANDO MASEKONCHAN 1860	277-9770				
(Name of Contact Person) (Area Code &	Daytime Telephone Number)				
Enclosed please find a check made payable to the Florida De □ \$25 Filing Fee □ \$55 Filing F	partment of State for: Fee & Certified Copy				
Registration Section F	MAILING ADDRESS: Registration Section Division of Corporations				

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

Clifton Building

2661 Executive Center Circle 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)

	nited liability company as it a	• •	f the Florida De	epartment
of State is:	Peret 770	45	<u> </u>	 •
2. The Florida docum	ent/registration number assign	ned to this limited liabil	ity company is:	
L 1600	D731067	_·		
3. The date this members	per/manager withdrew/resigne	d or will withdraw/resi	gn is: 3-1	1-17
4. I, Bear & (Print Nam		_, hereby withdraw/res		
MGR (P)	rint Title)			
of this limited liabil resignation in writing	ity company and affirm the lin	nited liability company	has been notifi	ed of my
Ruw	Mes Brian			,
Signature of Diss	ociating Member or Resigning	g Manager		,
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	;	MORE PARK OF ST	FILED