117000159584

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COVER LETTER

TO: Registration Section Division of Corporations			
Billy Jacks Florida Group	p LLC		
CHRIETI	f Limited Liability Co	ompany)	
The enclosed member, resignation or dis			
Please return all correspondence concern	ning this matter to	:	
Yuri Tsyganov			
(Contact Person)	 	_	
(Firm Company)		 -	
1620 SE 1st Street			ر م
(Address)			
Fort Lauderdale FL 33301			. 5
(City State and Zip Code)			72
For further information concerning this r	natter, please call	:	 :カ :2
Yuri Tsyganov	954 at (9156665	,,,
(Name of Contact Person)		le & Daytime Telephone Number)	
Enclosed please find a check made payal ■ \$25 Filing Fee		Department of State for: g Fee & Certified Copy	
STREET/COURIER ADDRESS:		MAILING ADDRESS:	
Registration Section Division of Corporations	Registration Section Division of Corporations		
Clifton Building	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)

1. The name of the limited fiability company as of State is: Billy Jacks Florida group LLC	• •	epartment
2. The Florida document/registration number a L17000159584	ssigned to this limited liability company is	
3. The date this member/manager withdrew/res		0185
4. I. (Print Name of Person Resigning) AMBR	, hereby withdraw/resign as a	\$ 13 m
(Print Title)		17 G
of this limited liability company and affirm the resignation in writing.	ne limited liability company has been notif	్డు కె ied of my
Muri (sya		
Signature of Dissociating Member or Resig	gning Manager	

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)