## 4800035821

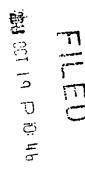
(Requestor's Name)
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(City/State/Zip/Phone #)
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(Business Entity Name)
(Document Number)
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## COVER LETTER

-	stration Section sion of Corporations			
SUBJECT:	Pacioli LLC			
John Cir	(Name of Li	imited Liability Co	mpany)	
The enclosed	d member, resignation or disso	ciation and fee(	s) are submitted for film	1 <u>e</u> .
Please return	all correspondence concernin	g this matter to:		
Bilal Saleh				رخخ
	(Contact Person)		_ •	T.
Pacioli LLC				904
	(Firm Company)	···· · — · — · — · — · — · · — · · — ·	<b>~</b>	٩
10757 Picto	orial Park Dr.			E POTIO PIUNT
	(Address)			_ <u></u>
Tampa, FL	33647		<b>`</b>	.•
	(City State and Zip Code)			
For further i	nformation concerning this ma	uter, please call:		
Bilal Saleh		813	340-9639 ,	
(2)	lame of Contact Person)		e & Daytime Telephone N	
Enclosed plo	rase find a check made payable g Fee		Department of State for: g Fee & Certified Copy	
Registration Division of Clifton Buil- 2661 Execut	Corporations		MAILING ADDRES Registration Section Division of Corporatio P.O. Box 6327 Tallahassee, Florida 3	ons

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)

1. The name of the limited liability company as it appears on the records of the Florida Department
of State is:
2. The Florida document/registration number assigned to this limited liability companies.  L18000035821
3. The date this member/manager withdrew/resigned or will withdraw.resign is:
DZIANIS BUKO 4. 1, hereby withdraw/resign as to
(Print Name of Person Resigning)
Manager
(Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Signature of Dissociating Member or Resigning Manager
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)