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COVER LETTER

TO:	_	stration Section sion of Corporations		
SUBJ	ECT:	Budapest Brothers LLC		
		(Name of Lin	nited Liability Com	npany)
The e	nclosed	d member, resignation or dissoc	iation and fee(s) are submitted for filing.
Please	ereturn	all correspondence concerning	this matter to:	
Tama	as Gai	ramvolgyi		
	•	(Contact Person)		-
Buda	apest E	Brothers LLC		
-	·-	(Firm/Company)		.
2760) Coco	nut Bay Ln, Unit 2C		_
		(Address)	· · · · · · · · · · · · · · · · · · ·	_
Sara	sota, I	FL 34237		
	-	(City/State and Zip Code)		-
For fu	arther i	nformation concerning this mat	ter, please call:	
Tam	as Ga	ramvolgyi	941 _at (9606772
	()	lame of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclo	sed ple 5 Filin	ease find a check made payable g Fee	to the Florida D □ \$55 Filing	Department of State for: g Fee & Certified Copy
		OURIER ADDRESS:		MAILING ADDRESS:
_		Section Corporations		Registration Section Division of Corporations
	on Buil	•		P.O. Box 6327
		tive Center Circle		Tallahassee, Florida 32314
Tallal	hassee.	Florida 32301		

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)

	e limited liability company as lapest Brothers LLC	s it appears on the records of the Fl	lorida D	eparti	ment
2. The Florida doc L1800008055		ssigned to this limited liability con	npany is	s:	
Imro Coglod	;	igned or will withdraw/resign is:, hereby withdraw/resign as a	0 4/05/2	2018 35 2018 2018 2018 2018	~
(Print N AMBR	lame of Person Resigning)			<u>ن</u> حج	
	(Print Title)	on Provide at 15 to 15 t		-6.5 is iiy	
resignation in wr		e limited liability company has be	en noui	ied oi	my
Signature of D	ssociating Member or Resig	ning Manager			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				