L18000 131707

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAI	L
(Duningan Fatity Nama)	
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(Document Number)	_
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COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: URA Tormulations (Name of Limited	Liability Company)
The enclosed member, resignation or dissociati	on and fee(s) are submitted for filing.
Please return all correspondence concerning thi	s matter to:
Ocky Arterion (Contact Person)	
URA Famulations UC (Firm/Company)	
10923 NW 1225T	
Masky 72 33/78 (City/State and Zip Code)	
For further information concerning this matter,	please call:
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
j	
Enclosed please find a check made payable to t \$\times\$25 Filing Fee \$\times\$25	he Florida Department of State for: 3 \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations P.O. Box 6327
Clifton Building 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 liability company	as it appears on the recor	rds of the Florida Departm	ient
of State is: VE	A Formination	s UC.		<u></u> .
2. The Florida docu	ıment/registration number	r assigned to this limited	liability company is:	
	00131707			
3. The date this me	mber/manager withdrew/	resigned or will withdraw	Vresign is: July 16, 6	<u> 20</u> 1
4.1 KODAId	ame of Person Resigning)	, hereby withdray	v/resign as a	
Preside	(Print Title)	. ·		
	bility company and affirm	the limited liability com	pany has been notified of	my
<i>'</i>				
Signature of Di	ssociating Member or Re	signing Manager	Au Ma	
E.1. E.	625 00 (D)		L AREA	77
	\$25.00 (Required) \$30.00 (Optional)		S 25 -	
ceranica copy.	3 50.00 (3 pnoim)		TE TO	19