118000 203085

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



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COVER LETTER

TO: Registration Section			100 m
Division of Corporations			OK OFF
SUBJECT: TREEZ HOUSE LLC			'W 886
	.imited Liability Co	mpany)	10 to
The enclosed member, resignation or disse	ociation and fee(s) are submitted for filing.	
Please return all correspondence concernia	ng this matter to:		
Anghel Popescu			
(Contact Person)		_	
(Firm/Company)		_	
7872 NW 107th Ave, Unit 502			
(Address)		_	
Miami, FL 33178			
(City/State and Zip Code)		_	
For further information concerning this m	atter, please call:		
Anghel Popescu	786	302-2526	
(Name of Contact Person)		& Daytime Telephone Number)	-
Enclosed please find a check made payabl ■ \$25 Filing Fee		Department of State for: 2 Fee & Certified Copy	
STREET/COURIER ADDRESS:		MAILING ADDRESS:	
Registration Section		Registration Section	
Division of Corporations Clifton Building		Division of Corporations P.O. Box 6327	
2661 Executive Center Circle		Tallahassee Florida 32314	

CR2E079 (2/14)

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

(Pursuant to 605.0216. Florida Statutes)

DIVISION OF CORPORATIONS DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of the limited liability company of State is: TREEZ HOUSE LLC	as it appears on the records of the Florida Department
2. The Florida document/registration number L18000203085	r assigned to this limited liability company is:
3. The date this member/manager withdrew/	resigned or will withdraw/resign is:
4. I, ANGHEL POPESCU	, hereby withdraw/resign as a
MGM	I was improperly named a member as I've never had
resignation in whiting.	any ownership interest in this business. the limited liability company has been notified of my
Signature of Dissociating Member or Re-	signing Manager

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)