L18000 257196

(R	equestor's Name)	
(A	ddress)	
(A	ddress)	
(C	ity/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(B	usiness Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
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TO:	Registration Section Division of Corporations	·
SUBJ		
	(Name of Limited Liability Con	npany)
The en	closed member, resignation or dissociation and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to:	
Konstar	ntin Galkin	
	(Contact Person)	
Oliv Pit	Boca LLC	
	(Firm/Company)	-
6006 SY	V 18th Suite 6b	
	(Address)	-
Boca Ra	aton FL 33433	
	(City/State and Zip Code)	-
For fur	ther information concerning this matter, please call:	
Konstar	atin Galkin 858 at (337-6139
	(Name of Contact Person) (Area Code	& Daytime Telephone Number)
	ed please find a check made payable to the Florida D Filing Fee	repartment of State for: Fee & Certified Copy
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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 Dep	artmen
of State is:	 ·
2. The Florida document/registration number assigned to this limited liability company is:	
1.18000257196	
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 02/15/2021	
Yuri Tsyganov 4. I, hereby withdraw/resign as a	
(Print Name of Person Resigning)	
AMBR	
(Print Title)	
of this limited liability company and affirm the limited liability company has been notified resignation in writing.	i of my
The state of the s	
Signature of Dissociating Member or Resigning Manager	22
	2021 F

Filing Fee:

\$25.00 (Required) \$30.00 (Optional)

Certified Copy: