

Office Use Only



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SECTION AND SEE FL

R. WHITE

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COVER LETTER

TO:	Registration Section Division of Corporations						
SHRJ	ECT:	CT: LOCAL DEALS FLORIDA LLC					
., 0 1,		(Name of Limited Liability Company)					
The e	nclosed	l member, resignati	on or dissocia	tion and fee(s) are submitted for filing.		
Please	e return	all correspondence	concerning t	his matter to:			
JON	ATHA	N D RAUSCH					
		(Contact Per	son)		_		
LOCAL DEALS FLORIDA LLC							
		(Firm/Comp	any)		_		
1526	1526 NW 48TH LN						
		(Address)					
BOCA RATON FL 33431							
		(City/State and Z	(ip Code)		_		
For fi	irther ir	nformation concern	ing this matte	r. please call			
JON.	TAHTA	V-D_RAUSCH		561	584-0732		
	(N	ame of Contact Perso			e & Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida Department of State for: \$\Boxed{\subset}\$ \$\$ \$25 \text{ Filing Fee} \text{ Certified Copy}\$\$							
Regis Divis Clifto 2661 Tallal	tration ion of C on Build Execut	ive Center Circle Florida 32301	SS:		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

FILED

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SEGRET 1 DE STATE TALLA HASSEE, FL

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the li of State is: FLOR	mited liability company as it appears on the records of the Florida Department
2. The Florida docum L19000016950	nent/registration number assigned to this limited liability company is:
3. The date this mem	ber/manager withdrew/resigned or will withdraw/resign is:
4. I. <u>RYAN GRIFFI</u>	
MANAGER	
· · · · · · · · · · · · · · · · · · ·	rint Title)
resignation in writi	lity company and affirm the limited liability company has been notified of my ng. sociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)