

LI 19000 268 837

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

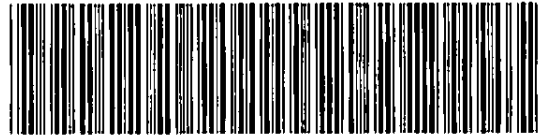
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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CLERK OF SUPERIOR COURT

*Diss/Rosign  
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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**RAD AGENCY LLC**

**SUBJECT:** \_\_\_\_\_  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Oleg Sergiienko

\_\_\_\_\_  
(Contact Person)

**RAD AGENCY LLC**

\_\_\_\_\_  
(Firm/Company)

1945 S Ocean Dr #504

\_\_\_\_\_  
(Address)

Hallandale, FL 33009

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Oleg Sergiienko

786

252-3325

\_\_\_\_\_  
(Name of Contact Person)

at (\_\_\_\_\_) \_\_\_\_\_  
(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314



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 Department  
**RAD AGENCY LLC**  
of State is: \_\_\_\_\_

2. The Florida document/registration number assigned to this limited liability company is:  
**L19000268837**  
\_\_\_\_\_

Maria Meshcherskaya

3. The date this member/manager withdrew/resigned or will withdraw/resign is: \_\_\_\_\_  
**Maria Meshcherskaya**

4. I, \_\_\_\_\_, hereby withdraw/resign as a  
(Print Name of Person Resigning)  
**Authorized Member**

\_\_\_\_\_  
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my  
resignation in writing.

\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

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2019 NOV 22 PM 2:03  
TALLAHASSEE  
FLORIDA