20000016552

(Re	(Requestor's Name)			
(Address)				
(Address)				
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	■ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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COVER LETTER

TO: Registration Section **Division of Corporations**

FLAF LLC	
SUBJECT:	
(Name of Limi	ted Liability Company)
The enclosed member, resignation or dissocia	ation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
ALEXANDRE FOMENKO	
(Contact Person)	
FLAF LLC	
(Firm/Company)	
2851 NE 9TH STREET	
(Address)	
POMPANO BEACH FL 33062	
(City/State and Zip Code)	
For further information concerning this matte	r, please call:
ALEXANDRE FOMENKO	303-718-26YO
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$\begin{align*} \begin{align*} \be	the Florida Department of State for: \$\sim\$ \$55 Filing 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



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
			. <u></u> .
2. The Florida docu 1.20000016552	ıment∕registration number a	ssigned to this limited liab	oility company is:
		·	12.01.2023
3. The date this men	mber/manager withdrew/res RGRAST	igned or will withdraw/re	sign is:
4. I,		, hereby withdraw/re	esign as a
(Print No MANAGER	ame of Person Resigning)	,	5
	(Print Title)		
of this limited liab resignation in wri	pility company and affirm the	e limited liability compar	ny has been notified of my
Bolu	tanduna	7	20 TA
Signature of Di	ssociating Member or Resig	ning Manager	PIL 2023 NOV 27 ALLAHASS
_	\$25.00 (Required) \$30.00 (Optional)		V27 PM I: I