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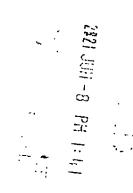
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COVER LETTER

Registration Section Division of Corporations

Mailing Address:

P.O. Box 6327

Registration Section Division of Corporations

Tallahassee, FL 32314

TO:

SUBJECT: Olympus 3 Acquisitions, LLC (Name of Limited Liability Company)
(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:
Christopher Leone
Olympus 3 Accoustions, 11c
1200 N Federal Hwy (Address) Suite 200 Boca Raton FL 33432 (City/State and Zip Code)
Boca Raton FL 33432 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (954) 821-1000 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\Boxed{\top} \\$25 \text{Filing Fee} \\ \Boxed{\top} \\$55 \text{Filing Fee} & Certified Copy

Street Address:

Registration Section

Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810



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
of State is:	Dlympus 3 Acquisinons, LLC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
L210	000159869
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: <u>Johe 3 202</u> 1
4.1. Alexan	nder Bafer, hereby withdraw/resign as a a man of Person Resigning)
	Print Title)
of this limited liab resignation in wri	pility company and affirm the limited liability company has been notified of my ting.
Signature of Dr	ssociating Member or Resigning Manager
	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)