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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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08/11/2021 JH



COVER LETTER

Division of Corporations
SUBJECT: BOYDS EURO BRANDS, LLC (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:
MARC ACKER (Contact Person)
Boyds Euro BRANDS (Firm/Company)
2412 N. DIXIE HWY
2412 N. DIXIE HWY (Address) WILTON MANORS, FL 33305 (City/State and Zip Code)
For further information concerning this matter, please call:
MARC ACKER at (917) 217 9245 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$\sum \frac{1}{2}\$\$ \$55 Filing Fee & Certified Copy
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

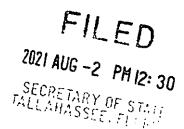
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

TO: Registration Section





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:	BOYD'S EURO BRANDS, LLC
2. The Florida docu	ument/registration number assigned to this limited liability company is:
L210007	46733
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 812021
4. I. RAYMO	hereby withdraw/resign as a lame of Person Resigning)
Mana	CER (Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Day Bu	legs
Signature of Di	ssociating Member or Resigning Manager
	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)