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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
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Certified Copies	_ Certificates	of Status
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Office Use Only



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COVER LETTER

TO:	Registration Section	
	Division of Corporations	
SUBJI		
	(Name of I	Limited Liability Company)
The en	nclosed member, resignation or diss	ociation and fee(s) are submitted for filing.
Please	return all correspondence concerni	ng this matter to:
lgor Ra	avinskiy	
	(Contact Person)	
lgrek L	LC	
	(Firm/Company)	
408 SE	9th St Apt 3	
	(Address)	
Fort La	auderdale, Fl 33316	
	(City/State and Zip Code)	
For fu	rther information concerning this m	atter, please call:
Igor Ra	avinskiy	786 7601813 at ()
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclos	sed please find a check made payab	le to the Florida Department of State for:
■ \$25	5 Filing Fee	☐ \$55 Filing Fee & Certified Copy
	Mailing Address:	Street Address:
	Registration Section	Registration Section
	Division of Corporations	Division of Corporations
	P.O. Box 6327	The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



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SECRETARY OF STAIL TALLAHASSEE, FLORE

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)

	e limited liability company as it appears on the records of the Florida Department EK LLC
	ument/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
4. I, Igor Ravinskiy (Print N	, hereby withdraw/resign as a, hereby withdraw/resign as a,
Manager	
	(Print Title)
of this limited lial resignation in wri	bility company and affirm the limited liability company has been notified of my iting.
Signature of Di	ssociating Member of Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)