L23000058243

(Reque	stor's Name)	
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STATE AHASSEEL FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations MR KRAKEN 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: Andrey Zhilin (Contact Person) MR KRAKEN LLC (Firm Company) 8141 Cosica blvd (Address) Navane, Fl. 32566 (City State and Zip Code) For further information concerning this matter, please call: Andrey Zhilm (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: 925 Filing Fee ☐ \$55 Filing Fee & Certified Copy Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2L079 (2/14)

P.O. Box 6327

Tallahassee, FL 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)

of State is: MR I	GRAKEN LLC	
1.23000058243	ument/registration number a	assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/res	signed or will withdraw/resign is:
4. I. ANTOSHKIV RUSLAN (Print Name of Person Resigning)		, hereby withdraw/resign as a
MGR	aum of t train (e.a.giling)	
	(Prim Title)	
resignation in wr		he limited liability company has been notified of my
	issociating Member or Resig	gning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	SECRLTARY OF TALLAHASSEE, F