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COVER LETTER

Division of Corporations	
BOXING 305 LLC SUBJECT:	
	Liability Company)
The enclosed member, resignation or dissociation	on and fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to:
EKATERINA KHRAMOVA	
(Contact Person)	
(Firm/Company)	
1824 SW 4TH AVE	
(Address)	•
POMPANO BEACH, FL 33060	
(City/State and Zip Code)	
For further information concerning this matter.	please call:
Neville Leslie	954 8400488
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the	ne Florida Department of State for:
	3 \$55 Filing Fee & Certified Copy
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 81
rananassee, rt. 32314	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)

	limited liability company as it appears on the records of the Florida Department NG 305 LLC
2. The Florida docu L24000243725	ment/registration number assigned to this limited liability company is:
ICOD DESTEDI	mber/manager withdrew/resigned or will withdraw/resign is:
MEMBER	Print Title)
resignation in wri	bility company and affirm the limited liability company has been notified of my ting. Gor Pesterev
Signature of Di	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)