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SECRETARY OF STATE
STATE OF CORPORATIONS
ON THE CORPORATIONS

C. LEWIS JUN 2 4 2014

COVER LETTER

Registration Section

Division of Corporations

TO:

SUBJECT: Aggressive Marketing UC (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:
Jenni Givasta (Contact Person)
Aggressive Marketing LC
3250 NW 53 rd St- Ste 101
Fort-Lauderdale, FL 33309 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (454) 590-1331 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$\sum \\$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: MAILING ADDRESS:

Registration Section

P.O. Box 6327

Division of Corporations

Tallahassee, Florida 32314

CR2E079 (2/14)

Registration Section

Clifton Building

Division of Corporations

2661 Executive Center Circle

Tallahassee, Florida 32301



PILED SECRETARY OF STATE DIVISION OF CORPORATIONS

14 JUN 11 AM 11: 24

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:	gressive Marketing UC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
M05000	DOOG 8
3. The date this mer	mber/manager withdrew/resigned or will withdraw/resign is: 2 38 14
4. I, Stot (, hereby withdraw/resign as a me of Person Resigning)
_ Mamb	Print Title)
of this limited liab resignation in wri	bility company and affirm the limited liability company has been notified of my ting.
Signature of Dis	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)