M1500000 4895

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Bast Interes (Name of Limited Liability Company)	Consultants	
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter t	o:	
Lloyd Gracu (Contact Person)		
(Firm/Company)		
4400 N. Fedgral Hwy.	#300	
Boca Raton FL 33 (City/State and Zip Code)	431	
For further information concerning this matter, please call:		
Name of Contact Person) at (Stellar Contact Person)	367-3700 ode & Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida \$25 Filing Fee \$55 Filing \$25 F	a Department of State for: ing Fee & Certified Copy	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	

Tallahassee, Florida 32301

CR2E079 (2/14)



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: Bust Interest Consultants LLC
2. The Florida document/registration number assigned to this limited liability company is:
M1500000 4895
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 7/8/2015
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 782015 4. I, Divarsi had Racqua blas LLC, hereby withdraw/resign as a (Print Name of Person Resigning)
Munagar Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
A VO
Signature of Dissociating Member or Resigning Manager Sumus Klohn, Myr of Divarsitied Recuirebles LLC
Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)