04000073084

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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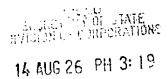
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COVER LETTER

TO: Registration Section

CR2E079 (2/14)

Divis	ion of Corporations			
SUBJECT:	12 SOUTH DIXIE LLC			
	(Name of Limited Liability Company)			
The enclosed	I member, resignation or dissoc	iation and fee(s	s) are submitted for filing.	
Please return	all correspondence concerning	this matter to:		
JOAN E. W	/ENZEL			
	(Contact Person)		-	
12 SOUTH	DIXIE LLC			
	(Firm/Company)	- ·····		
2275 IBIS I	SLE ROAD W.			
~	(Address)			
PALM BEA	CH, FL 33480			
	(City/State and Zip Code)		_	
For further information concerning this matter, please call:				
JOAN E. W	/ENZEL	561	371-5743	
(N	ame of Contact Person)	(Area Code	& Daytime Telephone Number)	
Enclosed ple ■ \$25 Filing	ease find a check made payable g Fee		Department of State for: g Fee & Certified Copy	
Registration Division of Clifton Build 2661 Execut	Corporations		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 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)

1. The name of the	limited liability company as it appears on the records of the Florida Department
of State is: 12 S	SOUTH DIXIE LLC
2. The Florida docu L040007308	ument/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 8-18-2014
4.1. TAMMY BRE	hereby withdraw/resign as a, hereby withdraw/resign as a,
(Print N	ame of Person Resigning)
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	Spear 8/18/14 ssociating Member or Resigning Manager
ū	\$25.00 (Required)
Certified Copy:	\$30,00 (Optional)