(Re	equestor's Name)	
(Ad	ldress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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C. GOLDEN

HAY - 5 2020

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: 1415 Charlotte Str. (Name of Limited Liability	eet, LLC y Company)
The enclosed member, resignation or dissociation and	fee(s) are submitted for filing.
Please return all correspondence concerning this matte	r to:
Michelle Berman (Contact Person)	
(Firm/Company)	<u></u>
9160 EQUUS CIrcle (Address)	<del></del>
Buy 17tun Beach FL 33471 (City/State and Zip Code)	
For further information concerning this matter, please of	eall:
Michelle Berman at (95) (Name of Contact Person) (Area C	Code & Daytime Telephone Number)
Englosed please find a check made payable to the Florid \$25 Filing Fee \$55 Fi	da Department of State for: iling Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)



March 23, 2020

MICHELLE BERMAN 9160 EQUUS CIRCLE BOYNTON BEACH, FL 33472

SUBJECT: 1415 CHARLOTTE STREET, LLC

Ref. Number: L06000051259

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please enter a date that the member/manager withdrew/resigned or will withdraw/resign in number 3 of the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 420A00006243

Claretha Golden Regulatory Specialist II

www.sunbiz.org



2000 0 30 Aiili: 13

## 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 lin	nited liability company as it appears on the records of the Florida Department
of State is:/_	15 Charlotte Street, LLC
	ent/registration number assigned to this limited liability company is:
<u>L0600</u>	0051259
	oer/manager withdrew/resigned or will withdraw/resign is: IMMEDIALLY
4. I. KICHALD	E BELMAN, hereby withdraw/resign as a e of Person Resigning)
MGRA	nt Title)
resignation in writing	
Signature of Disso	ociating Member or Resigning Manager
Filing Fee: Certified Copy:	