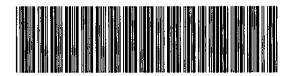
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## **COVER LETTER**

TO:

Registration Section

Tallahassee, Florida 32301

CR2E079 (2/14)

SUBJECT:   (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:  ALAN ECKSTEIN, ESQUIRE  (Contact Person)  ALAN ECKSTEIN, P.A.  (Firm/Company)  3010 FLAGLER AVENUE  (Address)  KEY WEST, FLORIDA 33040  (City/State and Zip Code)  For further information concerning this matter, please call:  ALAN ECKSTEIN  (Name of Contact Person)  (Area Code & Daytime Telephone Number)  Expelosed please find a check made payable to the Florida Department of State for:  \$\frac{1}{2}\$	Division of Corporations					
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<u> </u>	STREET/COURIER ADDRESS:		MAILING ADDRESS	•		
	_	•				
	Division of Corporations	Division of Corporations				
Clifton Building P.O. Box 6327 2661 Executive Center Circle 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)

The name of the limited liability company as it of State is:  1114 DUVAL LLC	
2. The Florida document/registration number assig	ned to this limited liability company is:
3. The date this member/manager withdrew/resign 4. I, STEPHEN POINTER  (Print Name of Person Resigning)  MANAGER  (Print Title)  of this limited liability company and affirm the liability company and affirm the limited liability company and affirm the liability co	
resignation in writing.  Signature of Dissociating Member or Resigning  Filing Fee: \$25.00 (Required)	

Certified Copy:

\$30.00 (Optional)