L13000016588

(Re	questor's Name)			
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SECRETARY OF STATE
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JUN - 8 7015 T. HAMPTOM

COVER LETTER

Division of Corporations		
SUBJECT: LEA ESTATES LLC		
	nited Liability Co	ompany)
The enclosed member, resignation or dissoc	iation and fee	(s) are submitted for filing.
Please return all correspondence concerning	this matter to	:
Lawrence Feder		
(Contact Person)		_
(Firm/Company)		
3900 Hollywood Blvd, Suite 103		
(Address)		_
Hollywood, FL 33021		
(City/State and Zip Code)		
For further information concerning this matt	ter, please call	:
Lawrence Feder	954 at (962-5571
(Name of Contact Person)		le & Daytime Telephone Number)
Enclosed please find a check made payable ■ \$25 Filing Fee		Department of State for: ng Fee & Certified Copy
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section Division of Corporations		Registration Section
Clifton Building		Division of Corporations P.O. Box 6327
2661 Executive Center Circle		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)

	limited liability company as ESTATES LLC	it appears on the records of t	he Florida Department
2. The Florida docu L1300001658		ssigned to this limited liability	y company is:
ACATA NEC	UTOUEDET	igned or will withdraw/resigr, hereby withdraw/resig	
MGR	(Print Title)		
of this limited lial resignation in wr		e limited liability company h	as been notified of my
Signature of Di	ssociating Member or Resign	ning Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		TALLAHASSEE.