

L1400000 9490

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

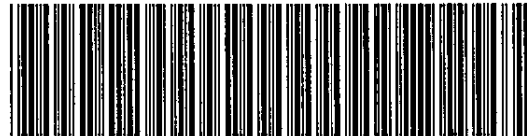
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18 MAY -1 PM 12:49
ALABAMA SECRETARY OF REVENUE

J. LEGGETT
MAY 03 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 45 SW 9TH STREET UNIT 1709 LLC

(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:

Doner Garcia

(Contact Person)

(Firm/Company)

9240 SW 72nd Street, Unit 205

(Address)

Miami, FL 33173

(City/State and Zip Code)

For further information concerning this matter, please call:

Doner Garcia

786

752-9861

at (_____) _____

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

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: 45 SW 9TH STREET UNIT 1709 LLC

2. The Florida document/registration number assigned to this limited liability company is:
L14000009490

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 04/26/2018

4. I, Doner Garcia, hereby withdraw/resign as a
(Print Name of Person Resigning)
Manager
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my
resignation in writing.

[Signature]
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

18 MAY - 1 PM 49
ALLAHASSEE, FLORIDA