

L15 0000 60840

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

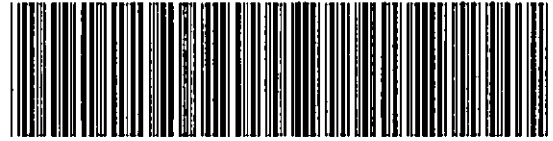
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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*Dissociation of member*

JAN 10 2020

D CUSHING

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

Wynwood Gates, LLC \*

**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:

Cara-Jenna Kronengold, Esq.

\_\_\_\_\_  
(Contact Person)

Cara-Jenna Kronengold, P.A.

\_\_\_\_\_  
(Firm/Company)

151 N. Nob Hill Road, Suite 347

\_\_\_\_\_  
(Address)

Plantation, FL 33324

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Cara-Jenna Kronengold, Esq.

954

658-8101

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 *Money  
Order*

\$55 Filing Fee & Certified Copy  
*\* return to DE included*

**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

\* re: resignation of Abraham Cababie Daniel

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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  
WYNWOOD GATES, LLC  
of State is: \_\_\_\_\_

2. The Florida document/registration number assigned to this limited liability company is:  
L15000060840  
\_\_\_\_\_

3. The date this member/manager withdrew/resigned or will withdraw/resign is: October 4,  
Abraham Cababie Daniel 2019,

4. I, \_\_\_\_\_, 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 of Dissociating Member or Resigning Manager

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

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