

L16000048168

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

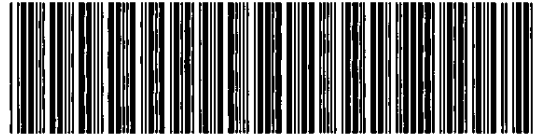
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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05/02/17--01050--022 \*\*25.00

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17 MAY - 2 AM 7:05  
OFFICE MAY OF STATE  
TREASURER, FLORIDA

M. MILLIGAN  
MAY - 4 2017

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 10886 Holdings Group 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:

Ron Klein, Esq.  
\_\_\_\_\_  
(Contact Person)

Klein & Fortune, P.A.  
\_\_\_\_\_  
(Firm/Company)

4340 Sheridan Street  
\_\_\_\_\_  
(Address)

Hollywood, FL 33021  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Ron Klein, Esq. at ( 954 ) 986-8822  
\_\_\_\_\_  
(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: 10886 Holdings Group LLC

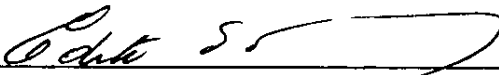
2. The Florida document/registration number assigned to this limited liability company is:  
L16000048168

3. The date this member/manager withdrew/resigned or will withdraw/resign is: April 26, 2017

4. I, Edith Peisach, 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

FILED  
17 MAY - 2 PM 7:05  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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