1/6000187307

(Ke	equestor's Name)		
(Address)			
(Address)			
(Cit	ty/State/Zip/Phone #		
(0)	groute/zip/i none #	,	
PICK-UP	☐ WAIT	MAIL	
(Bu	isiness Entity Name)		
(-		
(Do	ocument Number)		
Certified Copies	_ Certificates of	Status	
Special Instructions to	Filing Officer:		
Special Instructions to Filing Officer:			

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SECRETARY OF STATE

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COVER LETTER

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CR2E079 (2/14)

TO:	Registration Section		
	Division of Corporations		
SUBJ	BRICKELL MIAMI 5210. JECT:		
	(Name of	Limited Liability Co	mpany)
The e	nclosed member, resignation or diss	sociation and fee(s) are submitted for filing.
Please	e return all correspondence concern	ing this matter to:	
Marie	etta Mainieri, Esq.		
	(Contact Person)		_
Marie	etta Mainieri, P.A.		
	(Firm/Company)		_
2100	Ponce de Leon Blvd., Ste. 1050)	
	(Address)		_
Cora	l Gables, Florida 33134		
	(City/State and Zip Code)		_
For fu	orther information concerning this n	natter, please call:	
Marie	etta Mainieri	305 at (446-8431)
	(Name of Contact Person)		e & Daytime Telephone Number)
	sed please find a check made payab 5 Filing Fee		Department of State for: g Fee & Certified Copy
	EET/COURIER ADDRESS:		MAILING ADDRESS:
_	tration Section ion of Corporations		Registration Section Division of Corporations
	n Building		P.O. Box 6327
	Executive Center Circle		Tallahassee, Florida 32314





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 a	ppears on the records of the Florida Department
of State is: BRICKELL MIAMI 5210, LLC	
2. The Florida document/registration number assign	ned to this limited liability company is:
L16000187307	:
3. The date this member/manager withdrew/resigned	d or will withdraw/resign is: April 17, 2017
CESAD DEVES MEDDANO	
4. I, Print Name of Person Resigning)	
MANAGER	
(Print Title)	
of this limited liability company and affirm the linger resignation in writing.	nited liability company has been notified of my
Signature of Dissociating Member of Resigning	Manager
Filing Fee: \$25.00 (Required)	
Certified Copy: \$30.00 (Optional)	