

117000229279

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

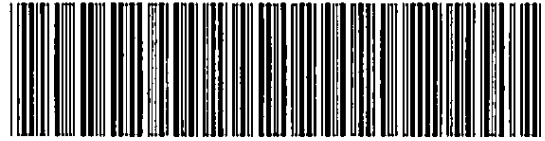
(Business Entity Name)

(Document Number)

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

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2020 SEP -2 PM 4:41

SECRETARY OF STATE  
TALLAHASSEE, FL

JQ 10/14/20

**Craig Savage**

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To: FLORIDA DEPT OF STATE

Thank you so much for handling this for my office. Your efforts make it possible for the attorneys in Florida to continue to "do business" without interruption.

Sincerely,

  
Craig

**Craig D. Savage, Esquire**

Craig D. Savage, P. A.

Harbour Centre

18851 NE 29th Ave. Suite 303

Aventura, FL 33180

Phone: (954) 985-1005

Fax: (954) 985-1425

Email: [Craig@CraigDSavagePA.com](mailto:Craig@CraigDSavagePA.com)

Website: [www.CraigDSavagePA.com](http://www.CraigDSavagePA.com)

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 29 NW 28 STREET, 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:

CRAIG D. SAVAGE  
(Contact Person)

CRAIG D. SAVAGE P.A.  
(Firm Company)

18551 NE 29 AVENUE SUITE 303  
(Address)

AVENTURA, FL 33150  
(City/State and Zip Code)

For further information concerning this matter, please call:

CRAIG D. SAVAGE 954 955-1005  
(Name of Contact Person) 31 (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

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



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: 29 NW 28 STREET, LLC

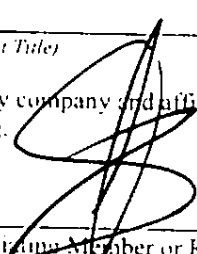
2. The Florida document/registration number assigned to this limited liability company is:  
L17000229279

3. The date this member/manager withdrew/resigned or will withdraw/resign is: AUGUST 26 2020

4. I, JARED MARGOLIS, 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)

**FILED**  
2020 SEP -2 PM 4:42  
FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FL