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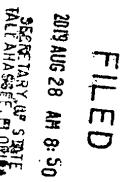
(Requestor's Name)	
(Address)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Business Littly Name)	
(Document Number)	
Certified Copies Certificates of S	Status
	1
Special Instructions to Filing Officer:	





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COVER LETTER .

TO:	C		
	Division of Corporations		
SUBJ	9500 SW 87TH AVENUE	LLC	
	(Name of	Limited Liability Co	npany)
The e	nclosed member, resignation or diss	sociation and fee(s) are submitted for filing.
Please	e return all correspondence concerni	ing this matter to:	
BARI	BIE GARCIA, ESQ		
	(Contact Person)		_
BG L	AW, PA		
	(Firm/Company)	-	_
999 F	PONCE DE LEON BLVD PENTH	HOUSE SUITE	•
	(Address)		_
COR	AL GABLES, FL 33134		
	(City/State and Zip Code)		_
For fu	arther information concerning this n	natter, please call:	
BARI	BIE GARCIA	786	431-5779
	(Name of Contact Person)		& 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
Clifto	n Building		P.O. Box 6327
	Executive Center Circle		Tallahassee, Florida 32314

CR2E079 (2/14)



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)

The Florida document/registration number a	assigned to this limited liability company is:
L18000158096	
The date this member/manager withdrew/re	esigned or will withdraw/resign is: July 11, 2019
(Print Name of Person Resigning)	, hereby withdraw/resign as a
Manager	, hereby withdraw/resign as a 25 28 28 28 28
(Print Title)	28
of this limited liability company and affirm tresignation in writing.	the limited liability company has been notified a my
Signature of Dissociating Hember or Resi	

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)