

L18 000 158096

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(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Y SULKER

SEP 10 2019

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 9500 SW 87TH AVENUE, 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:

BARBIE GARCIA, ESQ

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

BG LAW, PA

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

999 PONCE DE LEON BLVD PENTHOUSE SUITE 1

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

CORAL GABLES, FL 33134

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

For further information concerning this matter, please call:

BARBIE GARCIA at ( 786 ) 431-5779  
\_\_\_\_\_  
(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: 9500 SW 87th Ave, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L18000158096

3. The date this member/manager withdrew/resigned or will withdraw/resign is: July 11, 2019

4. I, Manuel Enriquez, 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**  
2019 AUG 28 AM 8:50  
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TALLAHASSEE FLORIDA