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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Coral Way LLC (Name of Dimited Liability Co	ompany)	
The enclosed member, resignation or dissociation and feet	(s) are submitted for filing.	
Please return all correspondence concerning this matter to	:	
Joan Rodriguez (Contact Person)	<del></del>	
July 100 holdings, local Day LCC (Firm/Company)	_	
8640 SW 112 th St (Address)	_	
Plami, FL 3315 (City/State and Zip Code)	- - 2	<u>-</u> 
For further information concerning this matter, please call:	) 	CERE CERE
Toan Rodriguez at (305 (Name of Contact Person) (Area Code	2 & Daytime Telephone Number)	riceb Pary of S
Enclosed please find a check made payable to the Florida I  \$\Pi\$ \$25 Filing Fee \$\Pi\$ \$55 Filing	Department of State for:	SHOLLVS TALE
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 compa	ıny as it appe	ars on the records	s of the Florida	a Departi	ment
of State is:	R. Grasholdin	gs , C	oral Way	LLC		<u> </u>
	ument/registration num		•		y is:	
L1900	00104780	·				
3. The date this me	ember/manager withdre	w/resigned or	r will withdraw/re	esign is: 121	1119	<u> </u>
4. I, Michael (Print)	S. Yordan Name of Person Resigning)	, h	ereby withdraw/r	esign as a	20 Jiji	SECRE VISION
_ Mr.	AQE (Print Title)				ت	TARY C
	(Print Title) bility company and affi				28	) - (c)
of this limited lia	bility company and affi	rm the limite	d liability compai	ny has been no	tified of	my <sub>S</sub>
resignation in wi	nting.				2	- 15 E.
MAR	Þ			·		-,,
Signature of D	issociating Member or I	Resigning Ma	anager			
•	\$25.00 (Required)					
Certified Conv.	\$30.00 (Ontional)					