

L23 000376788

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**DISSOCIATION** \_\_\_\_\_

1. 5309 N FLAGLER, LLC  
(CORPORATE NAME AND DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
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\_\_\_\_\_

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 5309 N FLAGLER, 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:

Jeffrey S. Eannarino, Esq.  
\_\_\_\_\_  
(Contact Person)

EANNARINO LAW, P.A.  
\_\_\_\_\_  
(Firm Company)

7000 SE Federal Highway, Suite 305  
\_\_\_\_\_  
(Address)

Stuart, FL 34997  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jeffrey Eannarino at ( 561 ) 935-9024  
\_\_\_\_\_  
(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

**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)

2023 AUG 23 PM 3:08

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: 5309 N FLAGLER, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L23000376788

3. The date this member/manager withdrew/resigned or will withdraw/resign is: August 18, 2023

4. I, BRIAN ANDRADE, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
AMBR  
*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

DocuSigned by:  
  
4F20676E6D4F407  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)