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SECRETARY OF STATE
ALL AHASSES FLORIDA

(1031 21 2019 ROLLROSSINSER

## COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: SN 0217 LLC		
(Name of Lin	nited Liability C	Company)
The enclosed member, resignation or dissoc	iation and fee	e(s) are submitted for filing.
Please return all correspondence concerning	this matter to	o:
ROBERT A. FEINGOLD, ESQ		
(Contact Person)		
R/A FEINGOLD LAW & CONSULTING,	PA	
(Firm/Company)		
401 E. Las Olas BOULEVARD, SUITE 1	1400	
(Address)		·
Fort Lauderdale, FL 33301		
(City/State and Zip Code)		
For further information concerning this matt	er. please cal	II:
ROBERT A. FEINGOLD	954 _ at (	967.2575
(Name of Contact Person)	(Area Co	de & Daytime Telephone Number)
Enclosed please find a check made payable t  □ \$25 Filing Fee		Department of State for: ng Fee & Certified Copy
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section Division of Corporations		Registration Section Division of Corporations
Clifton Building		P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301		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)

	limited liability company as 0217 LLC	s it appears on the records of the Flo	orida Depa	artme	ent 
2. The Florida doc M1500000998		ssigned to this limited liability com	ipany is:		
3. The date this me	ember/manager withdrew/res	igned or will withdraw/resign is: _	6.01.201	9	_
Inmaa Tarra	.,	, hereby withdraw/resign as a			
of this limited lia resignation in wr	iting.	ne limited liability company has bee	en notified	l of m	ıy
Signature of Di	ssociating Member or Resig	ning Manager	SECRE ALL SH	الل 19	اسلاسه
	\$25.00 (Required) \$30.00 (Optional)		in in in in	N-5 AH 8: 4.1	CED