# "L13000 106846

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #	)			
PICK-UP WAIT	MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates or	f Status			
Special Instructions to Filing Officer:				
	,			
<del></del>	f Status			

Office Use Only



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14 OCT | 4 AM | 1:50

OCT 2 9 2014

LCC M/MGR Resign

T. CARTER

#### **COVER LETTER**

	stration Section sion of Corporations			
SUBJECT:	87th Place South, LLC, a Flo	rida limited l	iability company	
	npany)			
The enclosed	I member, resignation or dissocia	ition and fee(s	s) are submitted for filing.	
Please return	all correspondence concerning to	his matter to:		
	Jonathan Levy			
	(Contact Person)		_	
-	(Firm/Company)		_	
	9350 Dundee Drive			
	(Address)		_	
	Lake Worth, Florida 33467			
	(City/State and Zip Code)		_	
For further in	nformation concerning this matte	r, please call:		
	Jonathan Levy	561	541-2847	
(N	ame of Contact Person)		& Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida Department of State for:  ■ \$25 Filing Fee				
	OURIER ADDRESS:		MAILING ADDRESS:	
Registration			Registration Section	
Division of C Clifton Build	•		Division of Corporations P.O. Box 6327	
	ive Center Circle		Tallahassee, Florida 32314	
	Florida 32301		- minimum y i iviimu DED 17	

CR2E079 (2/14)



#### FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

14 OCT 14 AM 11:50

### 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)

	• • •	as it appears on the records of the Florida Department orida limited liability company
2. The Florida docu	ument/registration number	assigned to this limited liability company is:
L1300010684	6	
		esigned or will withdraw/resign is: Oct. 2, 2014
4. I, Doug Plaiste	ed	hereby withdraw/resign as a
(Print N	lame of Person Resigning)	•
Member		
	(Print Title)	•
of this limited lia resignation in wr		the limited liability company has been notified of my
Varytus	Plus	
Signature of Di	issociating Member or Res	igning Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	