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SECRETARY OF STATE
TALLAHASSEE. FLORIDA

'JAN 2 6 2015 T. CARTER

COVER LETTER

TO: Registration Section Division of Corporations					
•	Biscarre Bonlevard, UC				
(Name of Limited Liability Company)					
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.					
Please return all correspondence concerns	ing this matter to:				
Robert Kg (Contact Person)	hn				
(Contact Person)					
Robert Kahn PA					
(Time Company)					
1655 Drexel,	Ave. #ZOU				
(Address)					
Miani, Beach. FL 33139					
(City/State and Zip Code)					
For further information concerning this matter, please call:					
Pobert Kuhn	at (305) 672-0469 (Area Code & Daytime Telephone Number)				
(Name of Contact Person)	(Area Code & Daytime Telephone Number)				
Enclosed please find a check made payab \$25 Filing Fee	le to the Florida Department of State for: ☐ \$55 Filing 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 32314				

CR2E079 (2/14)



FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

15 JAN 20 AM II: 24

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 i			-
of State is:	8330 Bis	Cayne	Boulevard	LLC.
	ument/registration number ass	-	limited liability compa	ny is:
	mber/manager withdrew/resig	·•	vithdraw/resign is:	1/9/2015
4. I, TAM	ES H. BAILEY Vame of Person Resigning)	, hereby v	withdraw/resign as a	′ ′
Man	1485 Member. (Perint Title)			
of this limited lia resignation in wr	bility company and affirm the iting.	limited liabil	lity company has been	notified of my
Signature of Di	A Bailey ssociating Member of Resign	ing Manager		
	\$25.00 (Required) \$30.00 (Ontional)			
CCHIHEU CONV:	あかいいし しくけいいけんし			