## 43000019171

(Requestor's Name)			
(Address)			
(Address)			
(Cit	ty/State/Zip/Phone #}		
PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates of Statu	us	
Special Instructions to Filing Officer:			





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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: LT Avondale LLC	ited Liability Company)
The enclosed member, resignation or dissoci	
Please return all correspondence concerning	this matter to:
Samuel Strauch	
(Contact Person)	· · · · · · · · · · · · · · · · · · ·
(Firm/Company)	<del></del>
1680 Michigan Avenue, Suite 1024	
(Address)	<del></del>
Miami Beach, FL 33139	
(City/State and Zip Code)	<del></del>
For further information concerning this matt	er, please call:
Samuel Strauch	305 673-1160
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable of \$25 Filing Fee	to the Florida Department of State for:  \$\square\$\$ \$\\$55\$ Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 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 it	appears on the records of the Florida Department
2. The Florida docu L13000079171	•	gned to this limited liability company is:
3. The date this men	mber/manager withdrew/resig	ned or will withdraw/resign is: Feb 2, 2015
4. I. Samuel Strau	ich	, hereby withdraw/resign as a
	Print Title)	limited liability company has been notified of my
resignation in wri		
Signature of Di	ssociating Member or Resigni	ng Manager
	\$25.00 (Required) \$30.00 (Optional)	