## 112000105932

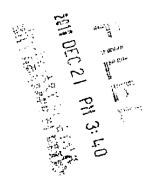
(Requestor's Name)
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M. MILLIGAN DEC 2 3 2016

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: 500 SURF RD LLC			
(Name of Limite	ed Liability Con	mpany)	
The enclosed member, resignation or dissociate	tion and fee(	s) are submitted for filing.	
Please return all correspondence concerning the	is matter to:		
Usher Bryn		_	
(Contact Person)			
Law Office of Usher Bryn			
(Firm/Company)		_	
18851 NE 29 Avenue, Suite 1010		_	
(Address)			
Aventura, FL 33180			
(City/State and Zip Code)		_	
For further information concerning this matter, please call:			
Usher Bryn	305 at (	937-1308	
(Name of Contact Person)	(Area Code	e & Daytime Telephone Number)	
Enclosed please find a check made payable to ■ \$25 Filing Fee		Department of State for: 3 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 SURF RD LLC
2. The Florida doc L1200010593	ument/registration number assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is: 12/19/2016
4. I, Usher Bryn	, hereby withdraw/resign as a warm of Person Resigning)
Manager	
	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my riting.
Signature of D	issociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)