

**L12000105932**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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2016 DEC 21 PM 3:40  
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**M. MILLIGAN**  
**DEC 23 2016**

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 500 SURF RD LLC

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this 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

(Name of Contact Person)

at ( 305 ) 937-1308

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$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



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FILED  
2016 DEC 21 PM 3:40  
ALL CHANGES MUST BE FILED

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: 500 SURF RD LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L12000105932

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/19/2016

4. I, Usher Bryn, hereby withdraw/resign as a  
(Print Name of Person Resigning)

Manager

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)