## L/4000154159

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	<del>;</del> #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		





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K. SALY APR 1 1 2017

## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: 215 Sunset Terrace, 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:		
Margaret E. Oftedol (Contact Person)		
(Firm/Company)		
11638 Hackberry Street (Address)		
Palm Beach Gardens, F1 33410 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Morganet E. Oftedal at (Sel ) G22-6893 (Name of Contact Person) (Area Code & Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$\sum \$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)

1. The name of the limited li	ability company as it appears on the records of the Florida Department
of State is: 215 Sur	wet Terrace, LLC
2. The Florida document/reg	istration number assigned to this limited liability company is:
L14000 154 150	<u> </u>
3. The date this member/mar	nager withdrew/resigned or will withdraw/resign is:
4. I, Mary Ellen (Print Name of Pers	hereby withdraw/resign as a son Resigning)
(former) M (Print Title)	ember.
of this limited liability comresignation in writing.	pany and affirm the limited liability company has been notified of my
Mary Cller Signature of Dissociating	Member or Resigning Manager
•	
_	(Required)
Certified Copy: \$30.00	O (Optional)