

L19000205487

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

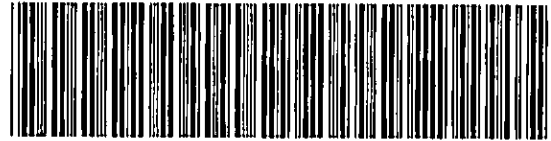
(Business Entity Name)

(Document Number)

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2019 OCT 21 PM 2:13

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M. SULKER

NOV 07 2019

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: 1811 Miami, 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:

Midahurys Migliori

(Contact Person)

(Firm/Company)

425 NE 22ND STREET SUITE 1101 - 11304 NW 46W

(Address)

MIAMI, FL 33137 MIAMI, FL 33178

(City/State and Zip Code)

For further information concerning this matter, please call:

Midahurys Migliori

(Name of Contact Person)

at ( 305 ) 5271838

(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

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

(Pursuant to 605.0216, Florida Statutes)

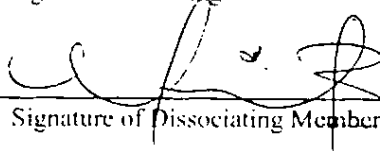
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: 1811 Miami, LLC

2. The Florida document/registration number assigned to this limited liability company is: L19000205487

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 09/19/19

4. I, Midahurys Migliori, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
Managing owner  
*(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

**FILED**  
2019 OCT 21 PM 2:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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