L20000281637

(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:
1112121





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02/12/21--01007--002 **25.00

2021 JAN 12 AMII: 40 SECRETARY OF STATE

2/15/21



FILED

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SECRETARY OF STATE TALLAHASSEF, FL

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: 36	74 Victoria Drive LLC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
L20000	281637
3. The date this mer	mber/manager withdrew/resigned or will withdraw/resign is: 10/10/2030
4. I, Michael (Print No	, hereby withdraw/resign as a ame of Person Resigning)
AMBR	Print Title)
of this limited liab	oility company and affirm the limited liability company has been notified of my ting.
Signature of Dis	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)
CONTRACTOR CONTRACTOR	WDV:VV (VINIONAL)