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## **COVER LETTER**

**Registration Section** 

**Division of Corporations** 

TO:

CR2E079 (2/14)

LION KING APARTMENTS, L.L.C. **SUBJECT:** (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: Cheryl Cohen (Contact Person) LION KING APARTMENTS, L.L.C. (Firm/Company) 13315 NE 6 Avenue, Office#1 (Address) North Miami, FL 33161 (City/State and Zip Code) For further information concerning this matter, please call: Cheryl Cohen 923-6844 at ( (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 ■ \$55 Filing Fee & Certified Copy STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301



## 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)

	e limited liability company as N KING APARTMENTS, L	s it appears on the records of theL.C.	: Florida Dep	oartmen
	cument/registration number as	ssigned to this limited liability o	company is:	
3. The date this m	ember/manager withdrew/res	signed or will withdraw/resign is	s:	16
4. I, MESIKA, N	JISSIM	, hereby withdraw/resign a		
MGR				
<del></del>	(Print Title)		SEC	<u>ਨ</u>
of this limited li- resignation in w	ability company and affirm th riting.	ne limited liability company has	been notifie	23 -
	Pissociating Member or Resig		FLOR	
Signature of D	dissociating Member or Resig	ning Manager		12: 26
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)			