

(Re	questor's Name)	
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## **COVER LETTER**

	stration Section ion of Corporations		
SUBJECT:	Sober Living in Delray, LLC	>	
SOUTH CT.	(Name of Li	mited Liability Co	mpany)
The enclosed	d member, resignation or disso	ciation and fee(	s) are submitted for filing.
Please return	all correspondence concerning	g this matter to:	
Michael Sc	hlossman		
	(Contact Person)		
Sober Livin	g in Delray, LLC		;
	(Firm/Company)		_ <u>:</u>
250 SE 10t	h Street		
	(Address)		
Delray Bea	ch, FL 33483		<u>``</u>
	(City/State and Zip Code)		_
For further in	nformation concerning this ma	tter, please call:	
Michael Sc			570-3258 )
(N	ame of Contact Person)	(Area Code	e & Daytime Telephone Number)
Enclosed ple  □ \$25 Filing	ase find a check made payable g Fee		Department of State for: g Fee & Certified Copy
Registration Division of C Clifton Build 2661 Execut	Corporations		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)

Sol	e limited liability company as it per Living in Delray, LLC	appears on the records of the Florida Departn	nent
2. The Florida doo	cument/registration number assi	gned to this limited liability company is:	
L0200000199	94		
3 The date this m	ember/manager withdraw/recig	June 25, 201 ed or will withdraw/resign is:	8
George A Ja		ica of with withdraw/resign is.	
		, hereby withdraw/resign as a	
(Print	Name of Person Resigning)	<u> </u>	
Managing D	irector	2	
	(Print Title)		
resignation in w		imited liability company has been notified of	my
	$\mathcal{O}$		
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		