

(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:				

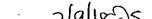




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## COVER LETTER

Division of Corporations

Sober Living in Delray, 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:

Michael Schlossman

(Contact Person)

Sober Living in Delray, LLC

(Firm/Company)

250 SE 10th Street

For further information concerning this matter, please call:			r.
			<b>~</b>
Michael Schlossman	310	570-3258	Ċ
	at (	)	
(Name of Contact Person)	(Area Coe	de & Daytime Telephone	Number)

Enclosed please find a check made payable to the Florida Department of State for:

\$\Bigsig \$\\$25 \text{Filing Fee} \text{ Certified Copy}\$\$

(Address)

(City/State and Zip Code)

#### STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Delray Beach, FL 33483

CR2E079 (2/14)

TO:

Registration Section

#### 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)

Sob	limited liability company a er Living in Delray, LLC	s it appears on the records of the l	Florida Department
2. The Florida doc L0200000199	-	assigned to this limited liability co	ompany is:
Sue E. Jahn	'ame of Person Resigning)	signed or will withdraw/resign is:, hereby withdraw/resign as	_
		he limited liability company has b	een notified of my
- Luc	issociating Member or Resig	gning Manager	
_	\$25.00 (Required) \$30.00 (Optional)		