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TO: Registration Section

CR2E079 (2/14)

Division of Corporations

Nine Street Management, LLC 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: Gabriel Bodner, Esq. (Contact Person) Nautilus Legal Services, P.A. (Firm/Company) 150 SE 2nd Ave., Suite PH1 (Address) Miami, FL 33131 (City/State and Zip Code) For further information concerning this matter, please call: Gabriel Bodner 305 514-0600 (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)

1. The name of the	limited liability company as it ap	opears on the records of the Fl	lorida [)eparti	ment
of State is:	e Street Management, LLC				— ,
	ument/registration number assign	ed to this limited liability con	npany i	s:	
L0400002942	8			र्क	
3. The date this me	ember/manager withdrew/resigne	d or will withdraw/resign is:	7/1/201	155	
4. I, Marisol Gon	zalez	h analyst suith draw/nasian as		<i>?</i> >	:
4. 1,(Print N	Name of Person Resigning)	_, nereby withdraw/resign as a	1 		1
Managing Me	zalez Name of Person Resigning) ember			AH II: 53	1.5*
	(Print Title)		'		
of this limited lia resignation in w	bility company and affirm the lin	nited liability company has be	en noti	fied of	l my
Signature of C	issociating Member or Resigning	Manager			
Filing Fee:	\$25.00 (Required)				
	\$30.00 (Optional)				