104000052915

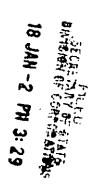
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



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01/02/18--01009--028 ++25.50



K. SALY JAN -3 2018

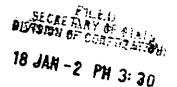
COVER LETTER

TO: Registration Section

CR2E079 (2/14)

Division of Corporations				
SUBJECT:	Davie Road Downtown Li	LC		
Sobstact.	(Name of Limited Liability Company)			
The enclosed	l member, resignation or diss	ociation and fee(s	s) are submitted for filing.	
Please return	all correspondence concerni	ng this matter to:		
Ernest S. F	isher			
	(Contact Person)		_	
	(Firm/Company)		_	
4741 NE 1			_	
	(Address)			
Oakland Pa	ark, FL 33334			
	(City/State and Zip Code)		_	
For further in	nformation concerning this m	atter, please call:		
Ernest S. F	isher	954 at (777-4246	
(N	ame 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 \$\subseteq \$55 Filing 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	





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 it aprie Road Downtown LLC	opears on the records of the Florida Department
2. The Florida doc L0400005291		ed to this limited liability company is:
3. The date this me	ember/manager withdrew/resigne	d or will withdraw/resign is: 12/28/2017
4. I Ernest S. Fis	sher	_, hereby withdraw/resign as a
(Print)	Name of Person Resigning)	· -
Managing Me	ember	
	(Print Title)	
of this limited lia resignation in wi	- · · ·	nited liability company has been notified of my
Signature of D	issociating Member or Resigning	Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	