(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
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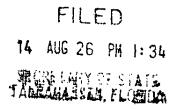
R. WHITE

COVER LETTER

TO: R	egistration Section				
D	ivision of Corporations				
SUBJEC	702 LUCERNE LLC				
		(Name of Limited Liability Company)			
The enclo	osed member, resignation or dis	sociation and fee(s) are submitted for filing.		
Please ret	turn all correspondence concern	ing this matter to	:		
JOAN E	. WENZEL				
	(Contact Person)		_		
702 LUC	CERNE LLC				
	(Firm/Company)				
2275 IBI	IS ISLE ROAD W.				
	(Address)				
PALM B	EACH, FL 33480				
	(City/State and Zip Code)				
For further	er information concerning this n	natter, please call	:		
JOAN E	. WENZEL	561	371-5743		
	(Name of Contact Person)	·	e & Daytime Telephone Number)		
	please find a check made payab				
■ \$25 Fi	ling ree	QZ \$55 Filin	g Fee & Certified Copy		
	COURIER ADDRESS:		MAILING ADDRESS:		
-	ion Section		Registration Section		
	of Corporations		Division of Corporations		
Clifton B	•		P.O. Box 6327		
	cutive Center Circle		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)

	limited liability company as it a	appears on the records of the Florida Department
2. The Florida doci	_	ned to this limited liability company is:
3. The date this me	ember/manager withdrew/resign	ed or will withdraw/resign is:
4. 1. TAMMY BREAUX (Print Name of Person Resigning)		hereby withdraw/resign as a
MANAGER	tume of Ferson Resigning/	
	(Print Title)	
of this limited lia resignation in wr		mited liability company has been notified of my
1 Dan	issociating Member or Resignin	18/14
Signature of D	issociating Member or Resignin	g Manager
-	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	