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COVER LETTER

Division of Corporations	
SUBJECT: 4th Street Holdings LLC	
	mited Liability Company)
The enclosed member, resignation or disso	ciation and fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to:
Jeffrey Sonn	
(Contact Person)	
4th Street Holdings LLC	
(Firm/Company)	
19495 Biscayne Blvd. Suite 607	·
(Address)	
Aventura, FI 33180	
(City/State and Zip Code)	
For further information concerning this ma	tter, please call:
Jeffrey Sonn	305 9123000
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable \$25 Filing Fee	to the Florida Department of State for: \$\square\$ \$55 \text{ Filing Fee & Certified Copy}\$\$
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	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)

	e limited liability company Street Holdings LLC	as it appears on the records of the F	lorida Department
2. The Florida doo		assigned to this limited liability con	npany is:
3. The date this m Jeffrey Erez 4. I,		esigned or will withdraw/resign is:, hereby withdraw/resign as a	
(Print) Managing M	Name of Person Resigning) ember		•
of this limited lie resignation in w		the limited liability company has be	en notified of my
Signature of D	issociating Member or Res	igning Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \ \$30.00 (Optional)		