L050000 10500

(Requestor's Name)						
(Address)						
(Address)						
(Address)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(210//202						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

Office Use Only



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SECNE MARKET FLORID



COVER LETTER

TO:		stration Section sion of Corporations		
SUBJ		Conch Slip, LLC	imited Liability Co	amaanu)
The er	nelosea	d member, resignation or disso	•	
				_
Please	returr	all correspondence concerning	ig this matter to	;
Henry I	Block			
		(Contact Person)		· -
	_	(Firm/Company)		_
411 Na	varre A	venue		
	<u> </u>	(Address)		_
Coral G	iables, F	FL 33134		
		(City/State and Zip Code)		-
For fur	rther ir	nformation concerning this ma	tter, please call:	
		2		
Непгу F ———			786 at (877-4509)
	(N	ame of Contact Person)	(Area Code	e & Daytime Telephone Number)
Enclos	ed ple	ase find a check made payable		
■ \$25	Filing	g Fec	□ \$55 Filin	g Fee & Certified Copy
	Regis Divis: P.O. I	ng Address: Stration Section ion of Corporations Box 6327 hassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



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 h Slip, LLC	it appears on the records of the	Florida Departn	nent
2. The Florida doc	ument/registration number as	ssigned to this limited liability co	ompany is:	
3. The date this me	ember/manager withdrew/resi	igned or will withdraw/resign is	:	<u></u>
4. I		, hereby withdraw/resign a	s a	
(Print I MGR	Name of Person Resigning)			
	(Print Title)			
of this limited lia resignation in wi	ibility company and affirm the riting. K. Howen	e limited liability company has l	⊣ 22	my -
	issociating Member or Resign	ning Manager	1021 APR -1 SEURL VAICY ALLAHASSE	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		PM 2: 36 OF STATE E. FLORID	