

L05000026206

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

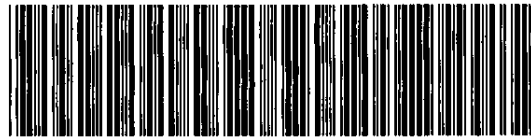
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200260737572

06/02/14--01023--024 **25.00

FILED

2014 JUN -3 A 1:38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 11 2015
T. LEMIEUX

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 514 Tristam Lane, LLC
(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:

Nasir Khalidi

(Contact Person)

514 Tristam Lane LLC

(Firm/Company)

3420 Tamiami Trail Suite 3

(Address)

Port Charlotte FL 33952

(City/State and Zip Code)

For further information concerning this matter, please call:

Nasir Khalidi

(Name of Contact Person)

at (941) 629 2111
(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:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: 514 Tristam Lane LLC

2. The Florida document/registration number assigned to this limited liability company is:
L05000026206

3. The date this member/manager withdrew/resigned or will withdraw/resign is: May 27, 2014

4. I, Umbreen Khalidi, hereby withdraw/resign as a
(Print Name of Person Resigning)

MGR

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

x *Umbreen Khalidi*

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

FILED
2014 JUN -3 A 1:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA