

Division of Corporations

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**L050000030009**

Florida Department of State  
Division of Corporations  
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## Electronic Filing Cover Sheet

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## To:

Division of Corporations  
Fax Number : (850)205-0383

## From:

Account Name : DAVID J. WIENER, P.A.  
Account Number : I20040000023  
Phone : (561)366-9144 989-2910  
Fax Number : (561)366-9144 989-3302

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 APR 25 AM 9:32

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DIVISION OF CORPORATIONS

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN****43 CONCORD ASSOCIATES LLC**

Certificate of Status	0
Certified Copy	0
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Estimated Charge	\$25.00

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### COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 43 Concord Associates, LLC  
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Glenn Rosario  
(Name of Person)

43 Concord Associates, LLC  
(Firm/Company)

22053 Martella Avenue  
(Address)

Boca Raton, Florida 33433  
(City/State and Zip Code)

For further information concerning this matter, please call:

Glenn Rosario at ( 561 ) 239-3723  
(Name of Person) (Area Code & Daytime Telephone Number)

**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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &  
Certified Copy

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER**

I, Ken Rubman, hereby resign as Managing Member  
(Title)

of 43 Concord Associates, LLC  
(Limited Liability Company)

a limited liability company organized under the laws of the State of Florida

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

(Signature of resigning manager, managing member or member)

**FILING FEE IS \$25.00**

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

FILED  
06 APR 25 AM 9:32  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CR2E079 (8/05)

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