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PICK-UP	☐ WAIT ☐ MAIL			
(Business Entity Name)				
(Document Number)				
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## **COVER LETTER**

**Registration Section** 

TO:

CR2E079 (2/14)

**Division of Corporations TOLLEV REALTIES LLC** SUBJECT: (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: SASSON MOULAVI (Contact Person) **TOLLEV REALTIES LLC** (Firm/Company) 190 GLADES RD SUITE E (Address) **BOCA RATON, FL 33432** (City/State and Zip Code) For further information concerning this matter, please call: SASSON MOULAVI (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: \$55 Filing Fee & Certified Copy ☐ \$25 Filing Fee STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section **Registration Section Division of Corporations Division of Corporations** P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301



## 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	t appears on the records of the Flor	rida Department
2. The Florida docu	ment/registration number ass	igned to this limited liability comp	oany is:
L0500004923	e		क्रिंट ज
4. I, Print N	NER AVA	gned or will withdraw/resign is:	THE SAIL PHIZ: 12
of this limited lia resignation in wr	* * -	limited liability company has been	n notified of my
Signature of Di	ssociating Member or Resign	ing Manager	
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)		