L05000105793

(Rec	questor's Name)	
(Add	dress)	
(Add	dress)	
(Cit)	//State/Zip/Phone	#)
PICK-UP		MAIL
(Bus	siness Entity Nam	e)
(Dox	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	Filing Officer:	
	Office Use Only	 ,



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COVER LETTER \cdot ,

TO: Registration Section Division of Corporations

E Street Land Group, 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:

Haim Benzino

(Contact Person)

(Firm/Company)

10777 West Sample Road

(Address)

Coral Springs, Florida 33065

(City/State and Zip Code)

For further information concerning this matter, please call:

 Haim Benzino
 954
 850-3131

 (Name of Contact Person)
 (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

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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)

- 2. The Florida document/registration number assigned to this limited liability company is: L05000105793
- 3. The date this member/manager withdrew/resigned or will withdraw/resign is: August 17, 2020
- 4. I. _____

(Print Name of Person Resigning), hereby withdraw/resign as a

Метвег

(Print Title)

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

Signature of Dissociating Member or Resigning Manager

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

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