

206000005289

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

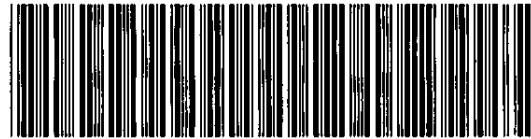
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

RECEIVED  
2016 NOV 21 PM 4:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Office Use Only



600292519436

11/22/16--01005--001 \*\*3700.00

NOV 23 2016  
S. YOUNG

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 NOV 21 AM 10:00

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** South Dade Investment Ventures, 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:

Anne Herstol

(Contact Person)

9161 Narcoossee Road Ste 202

(Firm/Company)

9161 Narcoossee Road Ste 202

(Address)

Orlando, FL 32827

(City/State and Zip Code)

For further information concerning this matter, please call:

Anne Herstol

at (407) 823-8230

(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

**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

CR2E079 (2/14)

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 NOV 21 AM 10:00



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: South Dade Investment Ventures, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L06000005289

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 11/30/11

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

Manager

(Print Title)

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

Keith Buescher

Signature of Dissociating Member or Resigning Manager

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

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 NOV 21 AM 10:00