## 

(Requestor's Name)	-
(Address)	<u>-</u>
(Address)	-
(City/State/Zip/Phone #)	-
PICK-UP WAIT MAIL	
(Business Entity Name)	-
(Document Number)	-
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	]
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DB	

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07 MAY IL PH 12: 27
SECRETARY OF STATE
ALLAHASSEE, FLORIO

## **COVER LETTER**

SUBJECT: 2929 Bis cayne B/1 (Name of Limited Liability Co	ompany)
The enclosed member, managing member or manager resifiling.	gnation and fee(s) are submitted for
Please return all correspondence concerning this matter to	· •
Laurent Bensoussan (Contact Person)	
2919 Biscayne, LLC (Firm/Company)	O7 HA
2919 Biscayne Blrd.	TAKY OF ST HASSEE, FLC
Miami, FL 33/34 (City/State and Zip Code)	PH 12: 27 SEE. FLORIDA
For further information concerning this matter, please call	:
Laurent Bensoussan at (305 (Name of Contact Person) (Area Cod	576.2919 e & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida \$\sum_{\subset}\$	Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section

**Division of Corporations** 

Tallahassee, Florida 32314

P.O. Box 6327

CR2E079 (5/06)

Clifton Building

**Division of Corporations** 

2661 Executive Center Circle

Tallahassee, Florida 32301

TO: Registration Section

Division of Corporations



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company as it 2929 Biscayne			rtment 
2. This limited liab	oility company was organized u	under the laws of:		
	ument/registration number of t	his limited liability com	npany is:	
	Henseussan  Name of Person Resigning)  Ibility company and affirm the riting.			
<u> LD 1</u>	Insersa Igning Member, Managing Me	mber or Manager	07 MAY SECRET TALLAH!	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		L PM  2: 27 Aky of State Assee. Florid	