106000039222

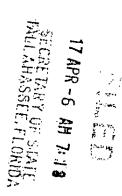
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Altos del Mar (7701 Colli	ns Ave) LLC
(Name of Limi	ted Liability Company)
The enclosed member, resignation or dissocia	ntion and fee(s) are submitted for filing.
Please return all correspondence concerning t	his matter to:
Peter Saile	
(Contact Person)	
Altos del Mar (7701 Collins A	ve) LLC
(Firm/Company)	
7701 Collins Avene	
(Address)	
Miami Beach, FL 3314	1
(City/State and Zip Code)	
For further information concerning this matter	r, please call:
Peter Saile	at (786) 290-7109
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to □ \$25 Filing Fee	the Florida Department of State for: 2 \$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)



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:	Altos del Mar (7701 Coll	ins Ave) LLC
2. The Florida doc	ument/registration number a	ssigned to this limited liability company is:
L0	6000039222	·
3. The date this me	ember/manager withdrew/res	signed or will withdraw/resign is: 3/10/17
4. I, Gert Melde , hereby withdraw/resign as a		, hereby withdraw/resign as a
(Print N	lame of Person Resigning)	
Membe	r-Manager	
(Print Title)		ूर्जें
of this limited liability company and affirm the large resignation in writing. Signature of Dissociating Member or Resigning.		ming Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	