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Registration Section

TO:

CR2E079 (2/14)

Division of Corporations	
SUBJECT: 691 West Tennessee, LLC	
(Name of Limited Liab	ility Company)
The enclosed member, resignation or dissociation an	nd fee(s) are submitted for filing.
Please return all correspondence concerning this material	iter to:
Hetal Desai, Esquire	
(Contact Person)	
Sniffen & Spellman, P.A.	
(Firm/Company)	
123 N. Monroe Street	
(Address)	
Tallahassee, Florida 32301	
(City/State and Zip Code)	
For further information concerning this matter, pleas	e call:
Hetal Desai 85	0 205-1996
	ea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Ele	orida Department of State for:
□ \$25 Filing Fee □ \$55	Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS: >
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327 > 00
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314



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 ap	ppears on the records of the	Florida	a Depai	tment
2. The Florida docu	iment/registration number assign	ned to this limited liability co	ompan	y is:	
4. I, Jigna Patel (Print N Manager of this limited lial resignation in writing)	hena leit	_, hereby withdraw/resign as nited liability company has be	TALLAHASSEC	2916 HAR 24	
Signature of Di	ssociating Member or Resigning	, wanager			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				