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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phon	e #)
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15 JAN 20 AM 11: 12

SECRETARY OF STATE TALLAHASSEE. FLORIDA

JAN 2 6 2015 T. CARTER

COVER LETTER

_	stration Section sion of Corporations		
SUBJECT:	232ND STREET, LLC		
	(Name of Lim	ited Liability Con	npany)
The enclosed	d member, resignation or dissoci	ation and fee(s) are submitted for filing.
Please return	all correspondence concerning	this matter to:	
Nancy Cot	to		
	(Contact Person)	· · · · · · · · · · · · · · · · · · ·	-
The Elias I	aw Firm PLLC		_
	(Firm/Company)		_
15500 Nev	v Barn Road, Suite 104		_
	(Address)		-
Miami Lak	es, FL 33014		
	(City/State and Zip Code)		,
For further i	nformation concerning this matt	er, please cail:	
Alicio Pina		305 at (823-2469
(1)	Name of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed plo	ease find a check made payable t g Fee		Department of State for: g Fee & Certified Copy
STREET/C Registration	COURIER ADDRESS:		MAILING ADDRESS: Registration Section
_	Corporations		Division of Corporations
Clifton Buil			P.O. Box 6327
	tive Center Circle , Florida 32301		Tallahassee, Florida 32314

CR2E079 (2/14)



SECRETARY OF STATE TALLAHASSEE, FLORIDA

15 JAN 20 AM 11: 12

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)

	e limited liability company as it appears on the records of the ND STREET LLC	Florida Department
2. The Florida doct L0600008906	rument/registration number assigned to this limited liability c	ompany is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is	: <u>12/29/14</u>
Aliaia Dina	, hereby withdraw/resign a	
Manager and		
	(Print Title)	
resignation/in w	ability company and affirm the limited liability company has riting. Dissociating Member or Resigning Manager	been notified of my
•		
-	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	