# 07000016853

(Requestor's Name)
(Address)
(Address)
(
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
`
(Business Entity Name)
(Dusiness Ethity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
·

The Date Office Use Only 1



100266927971

12/03/14--01004--004 \*\*25.00

14 DEC -3 PH 4: 46

Mgr Resignation

#### **COVER LETTER**

Division of Corporations
SUBJECT: West Airfort Palms Bisiness Park.  (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:  (Contact Person)
(Firm/Company)
2026 5.w./s/#5 (Address)
Micmi, (-(33/35) (City/State and Zip Code)
For further information concerning this matter, please call:    1
Enclosed please find a check made payable to the Florida Department of State for:  25 Filing Fee

#### STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

**TO:** Registration Section

**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)

	nited liability company as it appears on the records of the Florida Department  LANGE LOOI RUSSIFICE.
2. The Florida docum	ent/registration number assigned to this limited liability company is:
207000	016852
3. The date this memb	per/manager withdrew/resigned or will withdraw/resign is: 11/01/2014
4. I, HECSO (Print Nam Manage (Pr	nint Title)  ity company and affirm the limited liability company has been notified of my.
.4	Micon
Signature of Disso	ociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)