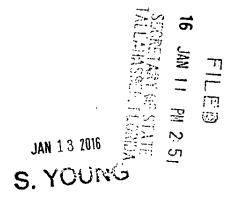
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(R	equestor's Name)	
(A	ddress)	
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PICK-UP	☐ WAIT	MAIL
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## **COVER LETTER**

TO:	Registration Section Division of Corporations					
SHR	JECT: 10800 Biscayne Holdings, L	L.C.				
SUD		nited Liability Co	ompany			
Dear	Sir or Madam:					•
The e	enclosed Statement of Denial and fee(s) are	e submitted for fi	ling.		•	
Pleas	e return all correspondence concerning thi	s matter to the fo	llowing:			
Levi	i Rudd					
	Name of Person		_	7×	16	
					JAN	
	Firm/Company		_			r
175	10 NE 8th Court				<u> </u>	ĮŢ ĮŢ
	Address		_		1 PH 2:51	•
N M	liami Beach, FL 33162			35,771	5	
	City/State and Zip Code		_			
			`	•		
	E-mail address: (to be used for future a	nnual report notif	fication)			
For f	urther information concerning this matter,	please call:				
Levi	i Rudd	786 at (	317-3401			
	Name of Person	Area Code	Daytime Telephon	e Number		
	STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS Registration Section Division of Corporation P.O. Box 6327 Tallahassee, Florida 323	is		

CR2E139 (2/14)

## STATEMENT OF DENIAL

Pursuant to section 603.0303, Piorida Statutes, Thereby	submit the following statement of c	iemai.		
FIRST: The name of the limited liability company is:	10800 Biscayne Holdings, L.L	C.		-
SECOND: The document number of this limited liabil	lity company is:			<del>-</del>
THIRD: The statement of authority to which this state		TALLA	<b>.</b>	
Title of MGR - Levi Rudd		第2000 第2000 第2000 第2000 第2000 第2000 第2000 第2000 第2000 第2000 第2000 第2000 第2000 第2000 第2000 第2000 第2000 第2000 8000 8	AN I	
Levi Rudd has no affiliation with this company	<b>y</b> .	N S S S S S S S S S S S S S S S S S S S	P# 2	1 19 20
and this grant of authority is denied.		SH	<u>5</u>	1
Signature of person submitting denial	Levi Rudd  Typed or printed name of s	ignature	•	-

Filing Fee: \$25.00

Certified Copy: \$30.00 (optional)