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(Re	questor's Name)	•		
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COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ		Hite Company)
	(Name of Limited Liab	Hity Company)
The er	nclosed member, resignation or dissociation ar	nd fee(s) are submitted for filing.
Please	e return all correspondence concerning this ma	tter to:
Ricar	do Rodriguez	
	(Contact Person)	
3957	/3961 NW 126 Ave, LLC	
	(Firm/Company)	
583 9	Sawgrass Corp Pkwy	
	(Address)	
Sunri	ise FL 33325	
	(City/State and Zip Code)	
For fu	orther information concerning this matter, please	se call:
Ricar	rdo Rodriguez 75	4 245-4506
	(Name of Contact Person) (Are	ea Code & Daytime Telephone Number)
	osed please find a check made payable to the Fl 5 Filing Fee	orida Department of State for: 5 Filing Fee & Certified Copy
Regis Divisi Clifto 2661	EET/COURIER ADDRESS: stration Section ion of Corporations on Building Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
ı allaf	hassee, Florida 32301	

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)

	limited liability company as 7/3961 NW 126 Ave, LLC	s it appears on the records of the Flo	orida Department
	_	ssigned to this limited liability com	pany is:
3. The date this me	7	signed or will withdraw/resign is:, hereby withdraw/resign as a	/28/2016 क
(Print N	ame of Person Resigning) (Print Title)	, nereby withdraw/resign as a	29 PHI2: 24 SSEE, FLORID
	bility company and affirm the	he limited liability company has bee	
Signature of Di	ssociating Member or Resig	gning Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		