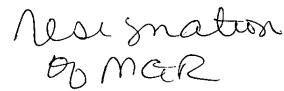
## 10700091294

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Certified Copies Certificates of Status
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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: 248th Street, LLC		
(Name of Lim	ted Liability Company	)
The enclosed member, resignation or dissociation	ation and fee(s) are	submitted for filing.
Please return all correspondence concerning	this matter to:	
Jason Liebling		
(Contact Person)		
Medallion		
(Firm/Company)		
27805 SW 197 Avenue		
(Address)		
Homestead, FL 33031		
(City/State and Zip Code)		
For further information concerning this matter	er, please call:	
Jason Liebling	305 27	8 9192
(Name of Contact Person)	(Area Code & Da	ytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	the Florida Depart  \$55 Filing Fee	
STREET/COURIER ADDRESS:		ILING ADDRESS:
Registration Section Division of Corporations	_	stration Section sion of Corporations
Clifton Building		Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301		ahassee, Florida 32314

CR2E079 (2/14)



## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	imited liability company as it appears on the records of the Florida Department
of State is: 248th	Street, LLC
2. The Florida docu L07000091294	ment/registration number assigned to this limited liability company is:
3. The date this mer	nber/manager withdrew/resigned or will withdraw/resign is: May 19, 2014
Dichard Barla	
(Print No	me of Person Resigning)
Manager	
(	Print Title)
of this limited liab resignation in writ	ility company and affirm the limited liability company has been notified of my ing.
Signature of Dis	sociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)