107000112862	
(Requestor's Name) (Address) (Address)	900421875279
(City/State/Zip/Phone #)	01/15/2401018013 *+25.00
(Document Number) Certified Copies Certificates of Status	202
Special Instructions to Filing Officer:	24
Office Use Only	

Cp 2/3/2024

## **COVER LETTER**

**Registration Section** TO: **Division of Corporations** 

Habec Realty, LLC

SUBJECT:

(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:

Scott J. Weiselberg

(Contact Person)

Kopelowitz Ostrow, PA

(Firm/Company)

One West Las Olas Boulevard, Suite 500

(Address)

Fort Lauderdale, FL 33301

(City/State and Zip Code)

For further information concerning this matter, please call:

Scott J. Weiselberg 954 525-4100 at (

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for: **\$25** Filing Fee □ \$55 Filing Fee & Certified Copy

Mailing Address: **Registration Section Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

## Street Address:

**Registration Section Division of Corporations** The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)

2024 J. 16 FM 12:03



## 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)

- 1. The name of the limited liability company as it appears on the records of the Florida Department of State is: <u>Habec Realty, LLC</u>
- 2. The Florida document/registration number assigned to this limited liability company is: L07000112862
- 3. The date this member/manager withdrew/resigned or will withdraw/resign is:
- 4. I, Mark Cohen

\_\_\_\_\_, hereby withdraw/resign as a

Managing Member

(Print Title)

(Print Name of Person Resigning)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

Filing Fee: Certified Copy: \$25.00 (Required) \$30.00 (Optional)

CR2E079 (2/14)