人07000122654

(Requestor's Name)	
(Address)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Basiness Zinky value)	
(Document Number)	
Certified Copies Certificates of Status	_
Special Instructions to Filing Officer:	\neg

Office Use Only



000376161820

11/05/21--01023--009 *+25.00

FILED ©

C. BRUMBLEY NOV 2 3 2021

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJI	ECT: ANTIGEN RE (Name of Limite	A LTY LLC ed Liability Company)
The en	closed member, resignation or dissocia	tion and fee(s) are submitted for filing.
Please	return all correspondence concerning the	nis matter to:
	DARREN WEINER (Contact Person)	
	ANTIGEN REALTY (Firm/Company)	LLC
4	50 ALTON RD, SUITE 3305 (Address)	-
	MIAMI BEACH FL 33 (City/State and Zip Code)	39
For fu	ther information concerning this matter	, please call:
	TARREN WEINER (Name of Contact Person)	at (<u>305</u>) <u>532 · 0000</u> (Area Code & Daytime Telephone Number)
	ed please find a check made payable to Filing Fee	the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



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 Flori	da Depart	ment
of State is:	ANTIGEN REALTY LLC		·
2. The Florida docu	ument/registration number assigned to this limited liability compa	ıny is:	
L07000	0122654		
3. The date this men	ember/manager withdrew/resigned or will withdraw/resign is:	15/21	
4. I. ROBER	hereby withdraw/resign as a lame of Person Resigning)		
(Print Title)	- M - A	S
of this limited liab resignation in wri		104	F
Signature of Di	issociating Member or Resigning Manager	5 PH 2:00	ED
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	-	8