

LOS0000014366

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

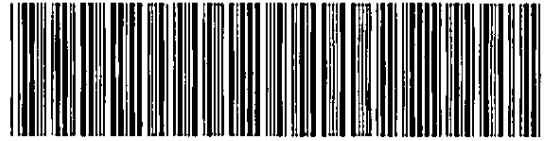
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700389431667

06/21/21 10:029 000 4489.00

FILED  
2022 JUN 21 AM 9:41  
TALLAHASSEE, FLORIDA  
CLERK OF STATE

SEP - 9 2022

S. PRATHER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

1950 South 30 Avenue, 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:

Robert Kahn

\_\_\_\_\_  
(Contact Person)

Robert Kahn PA

\_\_\_\_\_  
(Firm/Company)

4522 Sheridan Ave.

\_\_\_\_\_  
(Address)

Miami Beach, FL 33140

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert Kahn

786

282-4806

\_\_\_\_\_  
(Name of Contact Person) at (\_\_\_\_\_) \_\_\_\_\_  
(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



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  
1950 South 30 Avenue, LLC  
of State is: \_\_\_\_\_.

2. The Florida document/registration number assigned to this limited liability company is:

1.08000014366

\_\_\_\_\_.

June 15, 2022

3. The date this member/manager withdrew/resigned or will withdraw/resign is: \_\_\_\_\_.

Josephine D. Bailey

4. I, \_\_\_\_\_, hereby withdraw/resign as a

(Print Name of Person Resigning)

Manager

\_\_\_\_\_.

(Print Title)

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

*Josephine Bailey*

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)

Certified Copy: \$30.00 (Optional)

FILED  
2022 JUN 21 AM 9:41  
TALLAHASSEE, FLORIDA