## L08000014428

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15 MAR 30 PH 4: 12

(PRM) 3-30-15

## COVER LETTER

Division of Corporations		
SUBJECT: 2150 South State Road 7, CLC (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)	15 MAR 30	esser.
	30 PM 4:12	11440 (113)
(Firm/Company)	<u></u>	1,
4572 Sheridan Ave.	2	
Miami Beach, EC 33140		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Robert Kahn at 305, 672-0469		
(Name of Contact Person) (Area:Code & Daytime Telephone Number)	)	
Enclosed please find a check made payable to the Florida Department of State for:  \$\square\$ \$\frac{1}{2}\$\$ \$\frac{1}{2}\$\$ Filing Fee & Certified Copy		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		

CR2E079 (2/14)



## FLORIDA DEPARTMENT OF STATE

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

(Pursuant to 605.0216, Florida Statutes)

	it appears on the records of the Florida Department
ent/registration number as:	signed to this limited liability company is:
BAILEY, TRUSTEE	gned or will withdraw/resign is:  hereby withdraw/resign as a
e of Person Resigning)	
int Title)	
2 2	e limited liability company has been notified of my
ew Bailey	
ociating Member or Resigr	ning Manager
\$25.00 (Required)	
	ent/registration number asset ber/manager withdrew/resistration number asset BAILEY, TRUSTEE  The of Person Resigning)  The MBER  The Government of the control of the cont