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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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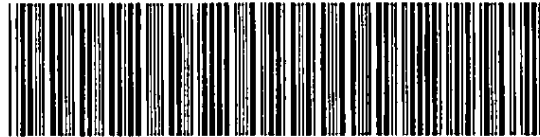
(Business Entity Name)

(Document Number)

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K. SALY

JAN - 9 2018

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SUITE 100 LLC

(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:

PAUL MILLMAN

(Contact Person)

SUITE 100 LLC

(Firm/Company)

1881 N UNIVERSITY DR STE 100

(Address)

CORAL SPRINGS FL 33071

(City/State and Zip Code)

For further information concerning this matter, please call:

PAUL MILLMAN

at (954) 345-5778

(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

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



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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: SUITE 100 LLC
2. The Florida document/registration number assigned to this limited liability company is:
L08000053325
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/13/17
4. I, LISA P MILLMAN, hereby withdraw/resign as a
(Print Name of Person Resigning)
MBR
(Print Title)

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

✓ Lisa P. Millman
Signature of Dissociating Member or Resigning Manager

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