## 108000095654

(Damiela News)					
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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## **COVER LETTER**

TO: Registration Section

CR2E079 (2/14)

Divis	ion of Corporations					
SUBJECT:	North Myrtle Street LLC					
	(Name of Limited Liability Company)					
The enclosed	l member, resignation or dissocia	ation and fee(	s) are submitted for filing.			
Please return	all correspondence concerning t	his matter to:				
Ronald Ave	ery					
	(Contact Person)		— .			
	(Firm/Company)		_			
2807 N 10t			_			
	(Address)	•				
St. Augusti	ne, FL 32084		_			
•	(City/State and Zip Code)		_			
For further information concerning this matter, please call:						
Joy Avery		904 at (	814-7457			
(N	ame of Contact Person)	(Area Code	e & Daytime Telephone Number)			
Enclosed ple \$25 Filing	ase find a check made payable to		Department of State for: g Fee & Certified Copy			
	,					
Registration Division of C Clifton Build	Corporations		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314			
	Florida 32301					



## 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)

	limited liability company as th Myrtle Street LLC	it appears on the records of the Flo	orida Department	
2. The Florida doc	ument/registration number as	signed to this limited liability comp	pany is:	
L0800008565	4		31-15	HCS
3. The date this me	ember/manager withdrew/resi	igned or will withdraw/resign is:		
Howard C C	m. wl. cl. m.			
(Print N	lame of Person Resigning)	, hereby withdraw/resign as a		
Member				
	(Print Title)			
		e limited liability company has been	n notified of my	
resignation in wr	iting.		물 _	
How	adc. Se	<b>√</b> .	17 JAN -3 PH 4: 31	
Signature of D	issociating Member or Resign	ning Manager	🚆 ပံ	i i
			# <u>P</u>	171
Filing Fee:	\$25.00 (Required)		PH 4:31	
Certified Copy:	\$30.00 (Optional)		<u>ာ</u> မှု	