L090000 65254

(Re	questor's Name)	
(Ada	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	1
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2016 JUL 18 P P: 514 SELECTION OF STATE OF STATE

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MIZNER (Name of	S70 RALL, LLC
	sociation and fee(s) are submitted for filing.
Please return all correspondence concerni	ng this matter to:
ARTHUR MRAWD (Contact Person)	
(Firm/Company)	
120 NW Spanish Riv	YER BLVD
BOCA RATON FL 3 (City/State and Zip Code) For further information concerning this m	
ARTHUR MRAND/ (Name of Contact Person)	at (501) 393-7055 TO
Enclosed please find a check made payab \$25 Filing Fee	Sept.
STREET/COURIER ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

Clifton Building

2661 Executive Center Circle

Tallahassee, 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)

1. The name of the	limited liability comp	any as it appears	on the recor	rds of the F	lorida Dep	artment
of State is:	MIZNER	STORALL,	LLC			·
2. The Florida doci	ument/registration nun	nber assigned to	this limited	liability co	mpany is:	
L09000	065254	·				
3. The date this me	mber/manager withdre	ew/resigned or w	ill withdraw	/resign is:	7/23/2	2016
4. I,	THUR J. CAN' Jame of Person Resigning)	here	by withdrav	v/resign as	a	
MAN	f 6 e.K. (Print Title)	 ·				
of this limited lia resignation in wr	bility company and affiting.	firm the limited l	iability com	pany has be	een notified	i of my
ay	The J Canker ssociating Member or	-		ML SEC		
Signature of Di	ssociating Member or	Resigning Mana	ger	RE PARTI		
_	\$25.00 (Required) \$30.00 (Optional)					
					ית	