

LO9000114883

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

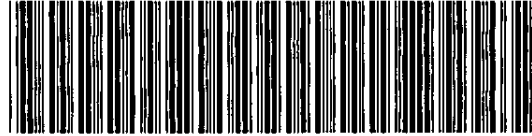
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL 32304

JUL 27 2015

S. YOUNG

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: RAISA 118 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:

Diego J. Sirulnik

(Contact Person)

Alex D. Sirulnik, P.A.

(Firm/Company)

2199 Ponce de Leon Blvd., Ste 301

(Address)

Coral Gables, Florida 33134

(City/State and Zip Code)

For further information concerning this matter, please call:

Diego J. Sirulnik

at ( 305 ) 443-7211

(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

CR2E079 (2/14)

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TALLAHASSEE, FLORIDA



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: RAISA 307 LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L09000114883

3. The date this member/manager withdrew/resigned or will withdraw/resign is: July 7, 2015

4. I, SANDRA PAVLOVSKY, hereby withdraw/resign as a  
(Print Name of Person Resigning)

MGRM

(Print Title)

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



Signature of Dissociating Member or Resigning Manager

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 JUL 24 PM 4:05

FILED

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