

L10000022229

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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JUN 23 2010

EXAMINER

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 JUN 22 AM 9:55

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 275 NE 159TH STREET LLC
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

MELANIE HYER
(Contact Person)

(Firm/Company)

1680 MERIDIAN AVE, SUITE 101
(Address)

MIAMI BEACH FL 33139
(City/State and Zip Code)

For further information concerning this matter, please call:

MELANIE HYER at (305) 335-7502
(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

2010 JUN 22 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: 275 NE 159TH STREET LLC

2. This limited liability company was organized under the laws of:
FLORIDA

3. The Florida document/registration number of this limited liability company is:
L10000022229

4. I, BRIAN BURK, hereby resign as a MANAGING MEMBER
(Print Name of Person Resigning) *(Print Title)*
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Brian Burk
Signature of Resigning Member, Managing Member or Manager

FILED
20 JUN 22 AM 9:55
CLERK OF STATE
TALLAHASSEE, FLORIDA

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