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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

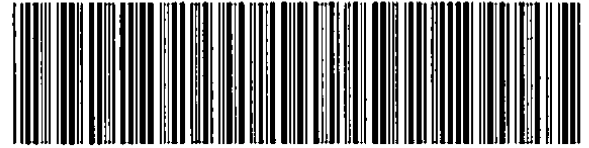
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



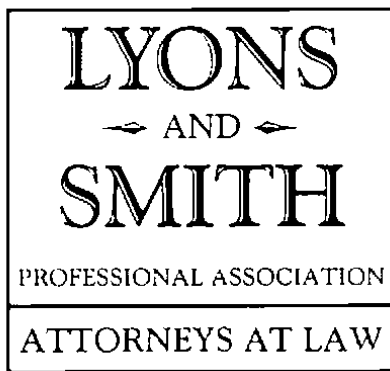
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**Miami Office**

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Miami, Florida 33125  
305-324-1100 - Office  
305-324-1054 - Facsimile  
[www.lyonsandsmith.com](http://www.lyonsandsmith.com)

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954-889-0983

**MICHAEL D. LYONS**

**RICHARD W. LYONS - RETIRED**  
**GARY V. SMITH, Of Counsel**  
**Stephanie B. Lyons-**  
Non-Practicing Attorney

June 28, 2019

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Raul Segredo/900 Biscayne Investment LLC  
Dissociation or Resignation of Member, Manager from Florida or  
Foreign Limited Liability Company  
900 Biscayne Boulevard - Unit # 3206  
Miami, FL 33132  
File # 19037

**Attn: Registration Section**

Please see attached documents and included check for the Dissociation or Resignation of Member, Manager from Florida or Foreign Limited Liability Company.

If you have any questions, please feel free to contact our office.

Very truly yours,

Brian Jimenez  
Office Assistant  
[bjimenez@lyonsandsmith.com](mailto:bjimenez@lyonsandsmith.com)

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 900 BISCAYNE INVESTMENT 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:

GARY V. SMITH, ESQ.

(Contact Person)

LYONS AND SMITH, P.A.

(Firm/Company)

1230 NW 7 ST.

(Address)

MIAMI, FL 33125

(City/State and Zip Code)

For further information concerning this matter, please call:

GARY V. SMITH, ESQ.

(Name of Contact Person)

at ( 305 ) 324-1100

(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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JUL 5 2019



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: 900 BISCAYNE INVESTMENT LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L10000027718

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 6/28/2019

4. I, SORAYA A. GATAS, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

MANAGER AND MEMBER

*(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

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