

L10000066648

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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16 JUL 25 PM 3:39  
TALLAHASSEE, FLORIDA

2016 JUL 25 PM 5:48  
TALLAHASSEE, FLORIDA

JUL 27 2016

Y SULKER

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Miami Home Realty 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:

Mikhail Grigorevich  
(Contact Person)

\_\_\_\_\_  
(Firm/Company)

1250 E Hallandale Beach Blvd # 405  
(Address)

Hallandale FL 33009  
(City/State and Zip Code)

For further information concerning this matter, please call:

Yatsepina at ( 305 ) 336 4762  
(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



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: Miami Home Realty LLC

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

L100000 66648

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 7/20/16

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

MEM

(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

RECEIVED  
16 JUL 25 PM 9:39  
DIVISION OF STATE  
TALLAHASSEE, FLORIDA

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