

416 000.113700

(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, FLORIDA

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james m. hankins, p.a.  
jhankins@hnrwlaw.com  
d - 561.862.4132  
f - 561.862.4962

November 5, 2014

Via UPS Delivery

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

Re: 3400 Michigan Street LLC, a Florida limited liability company  
Our File No. BO041310.08

Ladies and Gentlemen:

With reference to the above captioned entity, included are the following items:

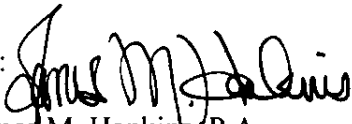
1. Original Dissociation or Resignation of Member, Manager from Florida or Foreign Limited Liability Company;
2. Check in the amount of \$25.00 payable to the Florida Department of State which represents the Filing Fee for the enclosed document.

If you have any questions regarding this filing, please do not hesitate to contact me.  
Thank you.

Very truly yours,

Hankins Northwood Roman Wenzel P.L.

By:

  
James M. Hankins, P.A.

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 3400 MICHIGAN STREET 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:

James M. Hankins

(Contact Person)

Hankins Northwood Roman Wenzel P.L.

(Firm/Company)

1800 N. Military Trail, Suite 160

(Address)

Boca Raton, FL 33431

(City/State and Zip Code)

For further information concerning this matter, please call:

Ellen Daddis

(Name of Contact Person)

at ( 561 )

862-4162

(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: 3400 MICHIGAN STREET LLC
2. The Florida document/registration number assigned to this limited liability company is:  
L10000113700
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 8-12-2014
4. I, Randy Porter, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
Manager  
*(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)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 NOV - 6 AM 5: 47

APPROVED  
AND  
FILED