## 210000119189

(Re	equestor's Name)		
(Ac	ddress)		
(Ac	ddress)		
(Ci	ity/State/Zip/Phone	: #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	of Status	
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SECRETARY OF STATE
TALL AHASSEF, FLORID;

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A. RIVERS MAR 10 2023

## **COVER LETTER**

TO: Registration Section Division of Corporations	
FKS Apartments, LLC SUBJECT:	
(Name of Limited L	iability Company)
The enclosed member, resignation or dissociation	and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to:
Kevin Waissmann	
(Contact Person)	<del></del>
Tango Management Services LLC	
(Firm/Company)	<del></del>
21209 NE 38TH AVENUE	
(Address)	<del></del>
Aventura, FL 33180	
(City/State and Zip Code)	<del></del>
For further information concerning this matter, pl	ease call:
Kevin Waissmann	305 351-1000
	Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the	Florida Department of State for:
•	\$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee. FL 32303



## 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)

		s it appears on the records of the Florida Departmen	nt 
2. The Florida doc 1.10000119189	ument/registration number a	ssigned to this limited liability company is:	
3. The date this me	ember/manager withdrew/res	signed or will withdraw/resign is: 12/75/2022 29	
resignation in wi	riting.	ne limited liability company has been notified of m	ıy
	issociating Member or Resig \$25.00 (Required) \$30.00 (Optional)	ining Manager	