

41000041409

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

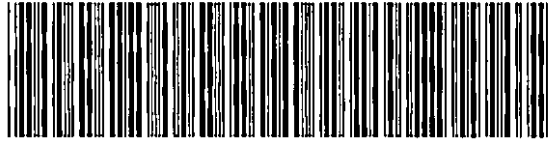
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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18 DEC -7 PM 7:38
TALLAHASSEE, FLORIDA

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DEC 13 2018

WATSON & ASSOCIATES, P.A.

JOHN A. WATSON

2501 East Commercial Boulevard, Suite 208
Fort Lauderdale, Florida 33308
Telephone (954) 289-5990
Facsimile (954) 337-2722
Cell (954) 803-7515
jwatson@johnwatsonlaw.com

PLEASE REPLY TO:
P. O. Box 11066
Fort Lauderdale, Florida 33339

December 6, 2018

VIA FEDEX

Florida Department of State
Registration Section
Division of Corporations
2661 Executive Center Circle
Tallahassee, FL 32301

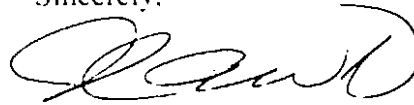
RE: 820, LLC
Resignation of Member
Our File No. 1088.02

Dear Sir/Madam

Please find attached executed Resignation of Member form and check for \$25 in connection with 820, L.L.C.

Thank you for your attention to this matter. If you have any questions with regards to the foregoing, please do not hesitate to contact me.

Sincerely,



JOHN A. WATSON
For the Firm

JAW:js
Enclosure



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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TALLAHASSEE, FLORIDA

**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:

820, LLC

of State is: _____

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

L11000041409

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

10/29 /2018

Richard Sandor hereby withdraw/resign as a
(Print Name of Person Resigning)

Member-Manager

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Richard Sandor

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required);
Certified Copy: \$30.00 (Optional)
CR2E079 (2/14)