## 411000056942

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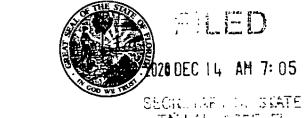
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O SIMMONS JAN 26 2021

## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJI	716 S W, LLC ECT:		
	(Name	of Limited Liability Co.	mpany)
The en	nclosed member, resignation or d	lissociation and fee(	s) are submitted for filing.
Please	return all correspondence conce	rning this matter to:	
JESSIC	CA JANGBAHADOOR		
	(Contact Person)		_
716 S V	W. LLC		
	(Firm/Company)	, <u>-</u>	_
PO BO	X 551651		
	(Address)		<b></b> -
DAVIE	E. FL 33355		
	(City/State and Zip Code)	)	-
For fu	rther information concerning this	s matter, please call:	
JESSIC	CA JANGBAHADOOR	305	778-6837
	(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
	sed please find a check made pay 5 Filing Fee		Department of State for: g Fee & Certified Copy
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE SACE. FL. DIVISION OF CORPORATIONS

## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

of State is:	
L11000056942	
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 01-01-201	7
4. I. Print Name of Person Resigning), hereby withdraw/resign as a	
MANAGING MEMBER/REGISTERED AGEN	
(Print Title)	
of this limited liability company and affirm the limited liability company has been notifi- resignation in writing.	ed of my
Signature of Dissociating Member or Resigning Manager	
Signature of Dissociating Member or Resigning Manager	
Filing Fee: \$25.00 (Required) Certified Conv. \$30.00 (Optional)	