

Florida Department of State Division of Corporations

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LAW OFFICE OF GERALD K. SCHWARTZ,

Account Number : I20080000083 Phone : (305)673-1101

Fax Number : (305) 673-5505

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email address: Table beloff Dalkel. esmi

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

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COVER LETTER

TO: Registration Section

Division of Corporations

AB COLLINS 5 LLC
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

JONATHAB D. BELOFF

(Contact Person)

BELOFF | PARKER | JACOBS , PLC

(Firm/Company)

1691 MICHIGAN AVENUE SUITE: 320

(Address)

MIAMI BEACH, FLORIDA 33139

(City/State and Zip Code)

For further information concerning this matter, please call:

JONATHAN D. BELOFF at 305 673-1101

(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Plorida 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

CR2E079 (5/06)

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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

			F- (E	(3)
l. The name of the	limited liability company as COLLINS 5 LLC	it appears on the records of	of the Florida Dep	artment
			03 (fr.	25
2. This limited finb	ility company was organized	under the laws of:		RM.
		~~~~~*********************************	OR G	9: 0 <b>3</b>
3. The Florida doct L110000668	ament/registration number of 366	this limited Hability comp	uany is:	~
4. I, AVIRAM A	MIR	, hereby resign as a M	EMBER MANAGING ME	MBER
(Print Name of Person Resigning)			(Print Title)	
of this limited lial resignation in wri	bility company and affirm the	: limited fiability company	has been notified	οί πιλ
Signature of Resi	gning Member, Managing M	ember or Manager		
Filing Fee:	\$25.00 (Required)			
Certified Copy:	\$30.00 (Optional)			

CR2E079 (5/06)