



(( H13000043681 3)))

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 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:

JONATHAN 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 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

2013 FEB 25 AM 9:08  
FILED  
TALLAHASSEE, FLORIDA  
STATE DEPARTMENT OF STATE

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

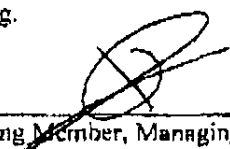
**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER  
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: AB COLLINS 5 LLC

2. This limited liability company was organized under the laws of:  
FLORIDA

3. The Florida document/registration number of this limited liability company is:  
L11000066866

4. I, AVIRAM AMIR, hereby resign as a MEMBER/MANAGING MEMBER  
*(Print Name of Person Resigning)* *(Print Title)*  
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)