

L11000135932

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FEB 24 2014  
T. BROWN

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 4100 Federal Hwy, LLC  
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to:

Robert KAHN, Esq.  
(Contact Person)

(Firm/Company)

1655 Drexel Ave #200

(Address)

Miami Beach, FL  
(City/State and Zip Code)

For further information concerning this matter, please call:

Robert KAHN at (305) 672-0469  
(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



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**FILED**  
14 FEB 21 PM 2:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**RESIGNATION OR DISSOCIATION OF MEMBER, 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: 4100 FEDERAL HWY, LLC

2. The Florida document/registration number of this limited liability company is:  
L1100135932

3. The date this member withdrew or will withdraw is: 02/14/2014

4. I, VITO BARBARO, hereby resign as a MANAGER + 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 or Dissociating Manager, Member

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