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C. CARROTHE....

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Leo 1513 LLC		
(Name of Lim	ited Liability C	ompany)
The enclosed member, resignation or dissoci	ation and fee	(s) are submitted for filing.
Please return all correspondence concerning	this matter to):
Klara Fishman-Sitbon, Esq.		
(Contact Person)		
Law Offices of Fishman-Sitbon, P.A.		
(Firm/Company)		
80 S.W. 8th St. FL 20		
(Address)		•
Miami, FL 33130		
(City/State and Zip Code)		
For further information concerning this matter	r, please call	:
Klara Fishman-Sitbon, Esq.	305 at (423-7077
(Name of Contact Person)		le & Daytime Telephone Number)
Enclosed please find a check made payable to ■ \$25 Filing Fee		Department of State for: g Fee & Certified Copy
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section Division of Corporations		Registration Section
Clifton Building		Division of Corporations P.O. Box 6327
2661 Executive Center Circle		Tallahassee, Florida 32314
Tallahassee, Florida 32301		

CR2E079 (2/14)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the of State is:		s it appears on the records of the F	lorida De	partn	nent
2. The Florida doc	_	ssigned to this limited liability co	mpany is:		
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resign is:	08/05/14	1	
4. 1, Daniel Tzinker hereby withdraw/resign as a (Print Name of Person Resigning)					
Manager					
of this limited lia resignation in wr	iting.	ne limited liability company has be	een notifi	ed of:	my
Signature of Di Filing Fee: Certified Copy:	ssociating Member or Resig \$25.00 (Required) \$30.00 (Optional)	ning Manager	SECONDARY STATES	194 SEP 10	विद्यासम्बद्धाः स्टब्स् रिकासम्बद्धाः सुर्वे स्टब्स्