

**LI20000 40090**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

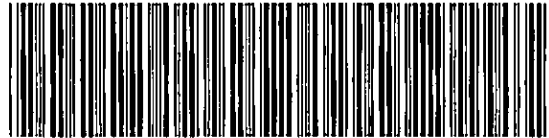
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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TALLAHASSEE, FLORIDA

Y SULKER

DEC 03 2018

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Lenox 1335 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:

Norman Reiz

(Contact Person)

Lenox 1335 LLC

(Firm/Company)

4101 Pine Tree DR #1120

(Address)

Miami Beach, Florida 33140

(City/State and Zip Code)

For further information concerning this matter, please call:

Norman Reiz

(Name of Contact Person)

786

at ( )

371-5714

(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

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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 limited liability company as it appears on the records of the Florida Department of State is: Lenox 1335 LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L12000040090

3. The date this member/manager withdrew/resigned or will withdraw/resign is: Nov 22-18

4. I, Lilian Steiner, hereby withdraw/resign as a  
(Print Name of Person Resigning)

CO - OWNER  
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

818-527-1297  
Signature of Dissociating Member or Resigning Manager

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

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