L12000108645

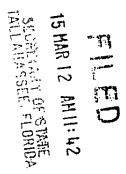
(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phon	ne #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number))
Certified Copies	_ Certificate	s of Status
Special Instructions to Filing Officer:		
:		
		<u></u>

Office Use Only



900270514259

03/12/15--01011--006 **25.00



(PRM 3-13-15

COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: 58th Court, LLC (Name of Lin	nited Liability Company)
The enclosed member, resignation or dissoc	iation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
Lindsey Brown	
(Contact Person)	
58th Court, LLC	
(Firm/Company)	·
355 Alhambra Circle Suite 950	
(Address)	
Coral Gables, FL 33155	
(City/State and Zip Code)	
For further information concerning this matt	er, please call:
Lindsey Brown	305 494-3398
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable a \$25 Filing Fee	to the Florida Department of State for: \$\square\$\$ \$\square\$\$ \$\square\$\$ \$\square\$\$ Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations P.O. Box 6327
Clifton Building 2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	rananassee, riomaa 32314

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:	climited liability company as it appears on the records of the Florida Department Court, LLC
_	ument/registration number assigned to this limited liability company is:
	ember/manager withdrew/resigned or will withdraw/resign is: 2/20/2015 hereby withdraw/resign as a Name of Person Resigning)
Manager	(Print Title)
of this limited lia resignation in w	bility company and affirm the limited liability company has been notified of my
Signature of D	issociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)