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L12000148305				
(Requestor's Name) (Address) (Address)	600269023576			
(City/State/Zip/Phone #)	02/04/1501009007 **25.00			
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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:

(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:

Samuel Strauch

(Contact Person)

(Firm/Company)

1680 Michigan Avenue, Suite 1024

(Address)

Miami Beach, FL 33139

(City/State and Zip Code)

For further information concerning this matter, please call:

Samuel Strauch	305	<u></u> 673-1160
(Name of Contact Person)	at ((Area Code	& Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$\$25 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: ______
- The Florida document/registration number assigned to this limited liability company is: L12000148305

3. The date this member/manager withdrew/resigned or will withdraw/resign is: ______

4. I, <u>Samuel Strauch</u>, hereby withdraw/resign as a (Print Name of Person Resigning)

Manager

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

Signature of Dissociating Member or Resigning Manager

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

(Print Utle)