

L12000153405

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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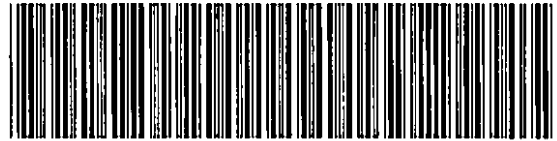
(Business Entity Name)

(Document Number)

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18 JUL -5 AM 10:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

C SIMMONS

JUL 04 2018

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** MINNESOTA STREET APARTMENTS, 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:

STEPHEN J. STRALEY, ESQ.

\_\_\_\_\_  
(Contact Person)

STRALEY | OTTO

\_\_\_\_\_  
(Firm/Company)

2699 STIRLING ROAD, SUITE C-207

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

FORT LAUDERDALE, FLORIDA 33312

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

STEPHEN J. STRALEY

\_\_\_\_\_  
(Name of Contact Person)

at ( 954 ) 962-7367

\_\_\_\_\_  
(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

**DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER OR  
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**  
(Pursuant to 605.0216, Florida Statutes)

FILED  
18 JUL -5 AM 10:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: MINNESOTA STREET APARTMENTS, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L12000153405

3. The date this member/manager withdrew/resigned or will withdraw/resign is: JUNE 26, 2018

4. I, ISABEL LLOPART, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
MANAGING MEMBER  
*(Print Title)*

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)