

L12000158951

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

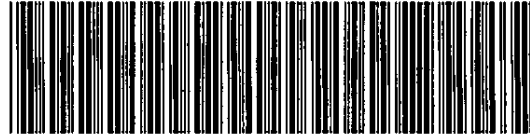
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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04/28/16--01005--004 **35.00

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2016 MAY 24 P 2:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 25 2016
D. BRUCE



FLORIDA DEPARTMENT OF STATE
Division of Corporations

RECEIVED
2016 MAY 25 PM 2:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

May 2, 2016

NORMAN REIZ
4101 PINETREE DR #1120
MIAMI BEACH, FL 33140

SUBJECT: LENOX 5701 LLC
Ref. Number: L12000158951

We have received your document for LENOX 5701 LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce
Regulatory Specialist II

Letter Number: 416A00009019

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Lenox 5706 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 Properties
(Firm/Company)

4101 PINE TREE DR - 1120
(Address)

MIAMI BEACH FL 33140
(City/State and Zip Code)

For further information concerning this matter, please call:

NORMAN REIZ at (786) 371-5714
(Name of Contact Person) (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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED




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: LENOR 5701 LLC
2. The Florida document/registration number assigned to this limited liability company is:
612 000 158951
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 01-01-2016
4. I, Maria Aguayo, 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)

FILED
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TALLAHASSEE, FLORIDA