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## **COVER LETTER**

Division of Corporations PROMENADE SHORES 111 LLC **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: Aviana H. Lopez (Contact Person) (Firm/Company) 3240 Mary Street, S205 (Address) Miami, FL., 33133 (City/State and Zip Code) For further information concerning this matter, please call: Aviana H. Lopez (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: □ \$25 Filing Fee ■ \$55 Filing Fee & Certified Copy Mailing Address: Street Address: Registration Section Registration Section Division of Corporations **Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

TO:

Registration Section



## 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)

	e limited liability company as		s of the Florida Department
2. The Florida doc L13000001877	ument/registration number a	ssigned to this limited lial	bility company is:
3. The date this me	ember/manager withdrew/res	signed or will withdraw/re	
	Name of Person Resigning) . (Print Title)	, nerosy withdrawns	esign as a
resignation in w	bility company and affirm th		ny has been notified of my
	\$25.00 (Required) \$30.00 (Optional)		FIL 2023 DEC 1 SECRETAR