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SLORLIARY OF STATE FALLARYSSEE, FLORIDA

J. HARRIS

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	ECT: WILKRE MIAMI 1 LLC		
	(Name of Lin	mited Liability Con	mpany)
The en	nclosed member, resignation or dissoc	ciation and fee(s) are submitted for filing.
Please	e return all correspondence concerning	g this matter to:	
Jose	oh-Frechette; Jr		
·	(Contact Person)		_
Attori	ney at Law		
	(Firm/Company)		-
1080	0 Biscayne Boulevard, #620		
	. (Address)		
North	n Miami, FL 33161		
	(City/State and Zip Code)		
For fu	orther information concerning this mat	tter, please call:	
Jose	ph C. Frechette, Jr.	305 at (892-4441
	(Name of Contact Person)	(Area Code	e & Daytime Telephone Number)
	sed please find a check made payable 5 Filing Fee		Department of State for: g Fee & Certified Copy
Regis Divisi Clifto 2661	EET/COURIER ADDRESS: tration Section ion of Corporations on Building Executive Center Circle nassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)

CR2E079 (12/13)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OR DISSOCIATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company as i LKERE MIAMI 1 LLC	t appears on the records of the Florida Departmen	nt ·	
2. The Florida doc L13000027	_	this limited liability company is:		
3. The date this me	ember withdrew or will withdr	aw is: January 15, 2014		
4.1. Rache! Wilk (Print Name of Person Resigning)				
		(Print Title)	•	
of this limited lia resignation in wr		limited liability company has been notified of m	у	
Signature of 共	esigning or Dissociating Man	ager. Member	FIL 15 JUL 16	; - 1,
Filing Fee: Certified Copy:	\$25:00 (Required) \$30.00 (Optional)	AND ALCOHOUS AND ALCOHOUS AND ALCOHOUS	FILED L 16 PH 5: 3:	