L13000041235

(F	Requestor's Name)	
	address)	
(4	(ddress)	
(A	ddress)	
(0	City/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL MAIL
(E	Business Entity Nam	ne)
(Document Number)		
Certified Copies	Certificates	of Status
Special Instructions to	o Filing Officer:	
		•

Office Use Only



700269023567

02/04/15--01009--006 **25.00

ZOIS FEB - 4 AM II: 18

80 mgh 000 6/15

COVER LETTER

TO: Registration Section

Division of Corporations		
SUBJECT: LT Arlen House LLC		
(Name of Limite	d Liability Con	npany)
The enclosed member, resignation or dissociat	ion and fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to:	
Samuel Strauch		
(Contact Person)		-
		_
(Firm/Company)		
1680 Michigan Avenue, Suite 1024		
(Address)		-
Miami Beach, FL 33139		
(City/State and Zip Code)		<u>.</u>
For further information concerning this matter	, please call:	
Samuel Strauch	305 at (673-1160
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee		Department of State for: 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
SR2E079 (2/14)		





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: LT A	rlen House LLC
2. The Florida docu	nment/registration number assigned to this limited liability company is:
L1300004123	5
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: Feb 2, 2015
4. I, Samuel Stra	hereby withdraw/resign as a me of Person Resigning)
(Print N	ame of Person Resigning)
Manager	
	(Print Title)
of this limited lia	bility company and affirm the limited liability company has been notified of my
resignation in wr	
_//~	
Signature of D	issociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Conv:	\$30.00 (Optional)