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(Re	questor's Name)	
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COVER LETTER

то:	Registration Section Division of Corporations		
SUBJ	IECT: PHOENIX BABY, LLC	d Liability Co.	
	(Name of Limited	a Liability Col	npany)
The en	nclosed member, resignation or dissociati	on and fee(s	s) are submitted for filing.
Please	e return all correspondence concerning thi	s matter to:	
GLE	N H. WALDMAN, ESQ.		
	(Contact Person)		_
HELL	ER WALDMAN, PL		
	(Firm/Company)		_
3250	MARY STREET, SUITE 102		
	(Address)		_
coc	ONUT GROVE, FLORIDA 33133		
	(City/State and Zip Code)		_
For fu	orther information concerning this matter,	please call:	
TANI	A WALDMAN, PARALEGAL	305	448-4144
	(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
	sed please find a check made payable to to filling Fee		Department of State for: g Fee & Certified Copy
	EET/COURIER ADDRESS: tration Section		MAILING ADDRESS: Registration Section
_	ion of Corporations		Division of Corporations
Clifto	n Building		P.O. Box 6327
	Executive Center Circle		Tallahassee, Florida 32314

CR2E079 (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)

	e limited liability company as it appears on the records of the Florida Department DENIX BABY, LLC
2. The Florida doo L1300005598	nument/registration number assigned to this limited liability company is:
WILLIAMR	ember/manager withdrew/resigned or will withdraw/resign is: 02/15/20E WALDMAN . hereby withdraw/resign as a
	Name of Person Resigning), hereby withdraw/resign as a
MGR	(Print Title)
resignation in wi	bility company and affirm the limited liability company has been notified of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)