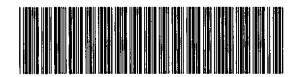
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Special Instructions to Filing Officer:					
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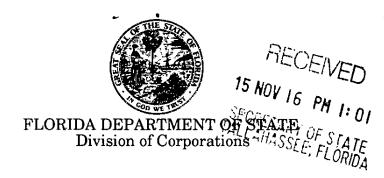


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2015 NOV 13 P 5: 12 SECRETARY OF STATE TALLAHASSEE, FLORIDA

NOV 16 WILL



November 5, 2015

DAVID A. LEYVA 14240 S.W. 156TH AVENUE MIAMI, FL 33196

SUBJECT: THE POLITAN COMPANY LLC

Ref. Number: L13000084383

We have received your document for THE POLITAN COMPANY 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: 515A00023412CRETARY CARRY C

FILED

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: The Politan	Company, LLC iability Company)
(Name of Limited L	iability Company)
The enclosed member, resignation or dissociation	and fee(s) are submitted for filing.
Please return all correspondence concerning this r	natter to:
David A- Legyg (Contact Person)	
(Contact Person)	
(Firm/Company)	
14240 SW 156 Avenue	
(Address)	
Miami Fo 33196 (City/State and Zip Code)	
(City/State and Zip Code)	
For further information concerning this matter, pl	-114 TT .
David A- Legua at ( (Name of Contact Person)	786 , 386-5645 5
(Name of Contact Person) (	Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the	
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle

Tallahassee, Florida 32301



## 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 li	imited liability company				•
of State is:	The Poli	itan (	Compan 7	, LLC	
413000	nent/registration number	assigned to	this limited liab	ility company	is:
3. The date this mem	nber/manager withdrew/r	esigned or w	ill withdraw/res	sign is: <u>[[</u> ]	10/2015
4	A. Ley UG ne of Person Resigning)	, here	by withdraw/re	sign as a	70 NOV 711
MG R	M Print Title)	,		HASSEE,	Nov I
of this limited liabi resignation in writi	lity company and affirm	the limited l	iability company	y has been-not	·
Day,	4 Pmc	>	·	ं नेवा <b>स</b>	5: 12
Signature of Diss	sociating Member or Res	igning Mana	ger		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	<i>†</i>	ready se Gr \$35	5.00	
		plea	se send for my	certific privati	ed copy records.
CR2E079 (2/14)					k you