

L1300098992

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700260554787

06/02/14--01043--020 **200.00

Lc
mor/mgr

JUN 16 2014
R. WHITE

14 JUN -2 21:11:03
RECEIVED
FALL ALABAMA 108004



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: WILKERE MIAMI 3 LLC

2. The Florida document/registration number of this limited liability company is:
L13000098992

3. The date this member withdrew or will withdraw is: January 15, 2014

4. I, Rachel Wilk, hereby resign as a Member
(Print Name of Person Resigning) (Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Rachel Wilk

Signature of Resigning or Dissociating Manager, Member

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

FILED
JAN 15 2014
TALLAHASSEE, FLORIDA
14 JAN -2 11:03