

L13000 106846

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

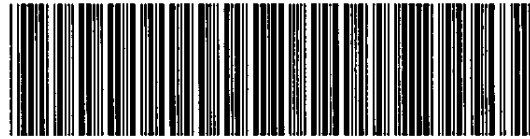
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800265403468

10/14/14--01041--012 \*\*75.00

FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
14 OCT 14 AM 11:50

OCT 29 2014  
T. CARTER

LLC M/MGR Resign

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 87th Place South, LLC, a Florida limited liability company  
\_\_\_\_\_  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Jonathan Levy

\_\_\_\_\_  
(Contact Person)

\_\_\_\_\_  
(Firm/Company)

9350 Dundee Drive

\_\_\_\_\_  
(Address)

Lake Worth, Florida 33467

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Jonathan Levy

\_\_\_\_\_  
(Name of Contact Person)

at ( 561 ) 541-2847

\_\_\_\_\_  
(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:  
 \$25 Filing Fee                       \$55 Filing 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



FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 OCT 14 AM 11:50

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: 87th Place South, LLC, a Florida limited liability company.
2. The Florida document/registration number assigned to this limited liability company is:  
L13000106846.
3. The date this member/manager withdrew/resigned or will withdraw/resign is: Oct. 2, 2014
4. I, Doug Plaisted, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
Member  
*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

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