## L17000 119179

(Re	equestor's Name)	
(Ac	dress)	
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(Ci	ty/State/Zip/Phon	e #)
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## COVER LETTER • \*

Registration Section

TO:

Division of Corporations Grezon 1404 LLC **SUBJECT:** (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: Mimi Bared (Contact Person) Bared and Assoc., PA (Firm/Company) 201 Alhambra Circle, Suite 601 (Address) Coral Gables, FL. 33134 (City/State and Zip Code) For further information concerning this matter, please call: Mimi Bared (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: □ \$55 Filing Fee & Certified Copy ■ \$25 Filing Fee STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations **Division of Corporations** 

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

Clifton Building

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)

The name of the limited liability company as it appears on of State is:  Grezon 1404 LLC	the records of the Florida Department	
2. The Florida document/registration number assigned to this L13000119179	limited liability company is:	
3. The date this member/manager withdrew/resigned or will v	withdraw/resign is:	
4. I, Jose Green , hereby (Print Name of Person Resigning)	withdraw/resign as a	;
Manager (Print Title)	ECRETAR LEGHENASS	
of this limited liability company and affirm the limited liability resignation in writing.  Signature of Bissociating Member or Resigning Manager	lity company has been notified of my R	d posses constant

Filing Fee:

Certified Copy:

\$25.00 (Required) \$30.00 (Optional)