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COVER LETTER

Division of Corporations				
SUBJECT: 959 ESTERO LLC				
(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:				
MARK DEIFT	_			
(Contact Person)				
959 ESTERO LLC	_			
(Firm/Company)				
5710 DEWEY ST	_			
(Address)				
HOLLYWOOD FL 33023				
(City/State and Zip Code)	_			
For further information concerning this matter, please call:				
MARK DEIFT 954 at (448-9413			
(Name of Contact Person) (Area Code	e & Daytime Telephone Number)			
Enclosed please find a check made payable to the Florida I ■ \$25 Filing Fee □ \$55 Filing	Department of State for: g 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			

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)

1. The name of the	limited liability company as	it appears on the records of the F	lorida Department
of State is: 959	ESTERO LLC		·
		signed to this limited liability cor	npany is:
L1400005556	52		
3. The date this me	mber/manager withdrew/resi	gned or will withdraw/resign is:	09/16/2015
4. I, YARON AMS	SALEM	hereby withdraw/resign as	ु हुन
(Print N	ame of Person Resigning)	, hereby withdraw/resign as	a The The
MGR			# 7
	(Print Title)		
of this limited lial resignation in wri		e limited liability company has be	en notified of my
VARON	morron		
Signature of Di	ssociating Member or Resign	ning Manager	
_	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		