## 117000177267

(Re	questor's Name)			
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
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03/19/14--01012--009 \*\*25.00

J. Shivers MAR 2 0 2014

## **COVER LETTER**

TO:	_	stration Section ion of Corporations				
		118 W. RIVERSIDE D	R ILC			
SUBJ	ECT:	(Name of Limited Liability Company)				
The e	nclosed	I member, resignation or d	lissociation and fee(s	) are submitted for filing.		
Please	return	all correspondence conce	rning this matter to:			
JO A	NN JA	ACOBSON				
		(Contact Person)		_		
118 \	W. RIV	ERSIDE DR. LLC.				
		(Firm/Company)		-		
1929	7 N. R	IVERSIDE DRIVE				
	· <u></u>	(Address)		_		
JUPI	TER,	FL 33469				
		(City/State and Zip Code	)	_		
For fu	rther in	nformation concerning this	s matter, please call:			
JO A	NN J	ACOBSON	561-	352 - 3416		
	(N	ame of Contact Person)		& Daytime Telephone Number)		
	sed ple 5 Filing	ase find a check made pay g Fee		Department of State for: Fee & Certified Copy		
Regist Divisi Clifto 2661	tration on of C n Build Execut	OURIER ADDRESS: Section Corporations ling ive Center Circle 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 Florida Departmen		
of State is: 118 W. RIVERSIDE DR. LLC		
2. The Florida document/registration number assigned L13000137267	ed to this limited liability company is:	
3. The date this member/manager withdrew/resigned	d or will withdraw/resign is:	
GEORGE MAGNIFICO	, hereby withdraw/resign as a	
(Print Name of Person Resigning)	, nereby withdraw/resign as a	
MANAGER	÷ <del>a</del>	
(Print Title)		
of this limited liability company and affirm the limited resignation in writing.	ited liability company has been notified of my	
Su Mm		
Signature of Dissociating Member or Resigning	Manager	
Filing Fee: \$25.00 (Required)  Certified Copy: \$30.00 (Optional)		