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(Requestor's Name)						
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(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
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(Business Entity Name)						
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(Document Number)						
Certified Copies Certificates of Status						
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SECRETARY OF STATE
TAIL ANASSEE FLORIDA

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: CCR 115th COURT PROJECT 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:
CORY LEVY (Contact Person)
CCR 115th Court PROJECT LLC
609 E Sheridan St #406 (Address)
Dania Beach FL 33004 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (305) 321 - 7027 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle

Tallahassee, Florida 32301



FILED 205 OCT 21 AM 9: 53 SECRETARY OF STATE TALLAHASSER, FLORIDA

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 th	e records of the Fl	orida Department
of State is:	CCR 115th	COURT	PROJECT	LLC_
2. The Florida docu	ıment/registration number as	ssigned to this li	mited liability con	npany is:
L130	00152541			
3. The date this me	mber/manager withdrew/res	igned or will wi	thdraw/resign is: _	115/2015
4. I,	ame of Person Resigning)	hereby w	ithdraw/resign as ε	ı
	(Print Title)			
of this limited liab resignation in wri	bility company and affirm th	e limited liabili	ty company has be	en notified of my
	ssociating Member or Resign	/		
Signature of Di	ssociating Member or Resig	ning Manager		
Filing Fee:	\$25.00 (Required)			
Certified Copy:	\$30.00 (Optional)			