

L17000 156494

(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



700273735657

06/11/15--01006--008 **25.00

JUN 10 2015

J SHIVERS

FILED
15 JUN 10 AM 9:59
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 899 CRYSTAL LAKE, 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:

HAIM DELETIS
(Contact Person)

899 CRYSTAL LAKE, LLC
(Firm/Company)

1425 SW 1ST COURT, UNIT 27
(Address)

POMPANO BEACH, FLORIDA 33069
(City/State and Zip Code)

For further information concerning this matter, please call:

HAIM DELETIS at 954 274-4510
(Name of Contact Person) (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



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: 899 CRYSTAL LAKE, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L13000156494

3. The date this member/manager withdrew/resigned or will withdraw/resign is: MAY 26, 2015

4. I, KEDEM DELETIS, hereby withdraw/resign as a
(Print Name of Person Resigning)
MANAGING MEMBER
(Print Title)

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

Deletis
Signature of Dissociating Member or Resigning Manager

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

FILED
JUN 10 AM 9:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA