

L17000 156494

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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)

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TALLAHASSEE, FLORIDA

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)