## L17000 156494

, (Ŗe	equestor's Name)				
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	s of Status			
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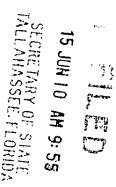
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## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJ	ECT: 899 CRYSTAL LAKE, LLC		
	(Name of Li	mited Liability Con	npany)
The ea	nclosed member, resignation or dissoc	ciation and fee(s	) are submitted for filing.
Please	e return all correspondence concerning	g this matter to:	
HAIM	/ DELETIS		
	(Contact Person)		-
899 (	CRYSTAL LAKE, LLC		
<del> </del>	(Firm/Company)		_
1425	SW 1ST COURT, UNIT 27		
	(Address)		-
POM	IPANO BEACH, FLORIDA 33069		
	(City/State and Zip Code)		<u>.</u>
For fu	orther information concerning this ma	tter, please call:	
HAIM	M DELETIS	954 at (	274-4510
	(Name of Contact Person)		& Daytime Telephone Number)
	sed please find a check made payable 5 Filing Fee		Department of State for: 3 Fee & Certified Copy
	EET/COURIER ADDRESS:		MAILING ADDRESS:
_	tration Section		Registration Section
	ion of Corporations n Building		Division of Corporations P.O. Box 6327
	Executive Center Circle		Tallahassee, Florida 32314
	nassee, Florida 32301		rananasse, i ionaa 32317

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)

	limited liability company as CRYSTAL LAKE, LLC	it appears on the records of the	e Florida Department 
2. The Florida docu L1300015649	•	ssigned to this limited liability	company is:
, KEDEM DEL	ETIS	igned or will withdraw/resign i	
(Print N MANAGING I	ame of Person Resigning)	,,,	O AM
		ne limited liability company has	Sg.
Signature of Di	ssociating Member or Resig	ning Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		