

L13000160309

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

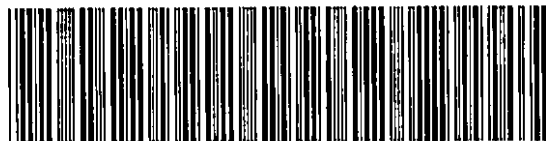
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 2852-54 SW 35 AVENUE, 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:

Wilson Sims

\_\_\_\_\_  
(Contact Person)

2852-54 SW 35 AVENUE, LLC

\_\_\_\_\_  
(Firm/Company)

1001 Brickell Bay Drive, Suite 2700

\_\_\_\_\_  
(Address)

Coral Gables, FL 33146-3174

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Wilson Sims

\_\_\_\_\_  
(Name of Contact Person)

at ( 305 ) 525-5130

\_\_\_\_\_  
(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

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**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: 2852-54 SW 35 AVENUE, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L13000160309

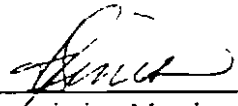
3. The date this member/~~manager~~ withdrew/~~resigned or will withdraw/resign~~ is: 12/31/17

4. I, JOANNA SIMS, hereby withdraw/resign as a  
(Print Name of Person Resigning)

Member

(Print Title)

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

  
\_\_\_\_\_  
Signature of Dissociating Member or ~~Resigning Manager~~

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