113000160309

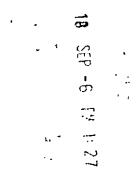
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: 2852-54 SW 35 AVENUE, LLC		
(Name of Limited Liabi	lity Company)	
The enclosed member, resignation or dissociation an	d fee(s) are submitted for filing.	
Please return all correspondence concerning this mat	ter to:	
Wilson Sims		
(Contact Person)		
2852-54 SW 35 AVENUE, LLC		
(Firm/Company)		
1001 Brickell Bay Drive, Suite 2700		
(Address)		
Miami, FL 33131		
(City/State and Zip Code)		
For further information concerning this matter, pleas	e call:	
Wilson Sims	525-5130	
(Name of Contact Person) (Are	a Code & Daytime Telephone Number)	
Enclosed please find a check made payable to the Flo □ \$25 Filing Fee ■ \$55	orida Department of State for: 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	

CR2E079 (2/14)







DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as -54 SW 35 AVENUE, LLC	it appears on the records of the Florida Department
2. The Florida docu L13000160309		signed to this limited liability company is:
3. The date this me	aber/manager withdrew/resi	igned o <u>r will withdraw/rosig</u> n is:
4. I. JOANNA SIM	19	, hereby withdraw/resign as a
Manager		
	Print Title)	
of this limited liab resignation in wri		e limited liability company has been notified of my
Signature of Di-	f(nes) Resign	ning Manager
Signature of L	of Resign	ming manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	