11400001964

(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:				
Special instructions to 1 imig Officer.				

Office Use Only



500307594485

01/17/18--01014--012 **55.00

RECEIVED

JAN 1 6 2018

HARRIS

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	JECT: SoFlo Collective LLC		
	(Name of Lin	nited Liability Co	ompany)
The e	nclosed member, resignation or dissoc	iation and fee	(s) are submitted for filing.
Please	e return all correspondence concerning	this matter to	:
Justir	n Finley		
	(Contact Person)		<u> </u>
SoFlo	o Collective		
	(Firm/Company)		_
654 N	NE 3rd Street		
	(Address)		
Boca	Raton, FL 33432		
	(City/State and Zip Code)		_
For fu	urther information concerning this mat	er, please call	:
Justin	n Finley	904 at (557-5491
	(Name of Contact Person)		le & Daytime Telephone Number)
	sed please find a check made payable of Filing Fee		Department of State for: ig Fee & Certified Copy
	EET/COURIER ADDRESS:		MAILING ADDRESS:
_	stration Section		Registration Section
	ion of Corporations on Building		Division of Corporations P.O. Box 6327
	Executive Center Circle		Tallahassee. Florida 32314
	hassee, Florida 32301		

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)

1. The name of the limited liability company as it of State is: SOFLO COLLECTIVE LLC	appears on the records of the Florida Department
2. The Florida document/registration number assi L14000001964	gned to this limited liability company is:
3. The date this member/manager withdrew/resig 4. 1, (Print Name of Person Resigning)	
(Print Name of Person Resigning) MGR (Print Title)	
of this limited liability company and affirm the resignation in writing.	limited liability company has been notified of my
Signature of Dissociating Member or Resigni	ng Manager
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	· · · · · · · · · · · · · · · · · ·
	ξ ;