## 14000027502

| (Requestor's Name)                      |  |  |  |  |  |  |
|---|--|--|--|--|--|--|
|   |  |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| (Address)                               |  |  |  |  |  |  |
| (Addiesa)                               |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| (City/State/Zip/Phone #)                |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| PICK-UP WAIT MAIL                       |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| (Business Entity Name)                  |  |  |  |  |  |  |
| (Dusiless Entity Name)                  |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| (Document Number)                       |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| Certified Copies Certificates of Status |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| Special Instructions to Filing Officer: |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
|   |  |  |  |  |  |  |
| [                                       |  |  |  |  |  |  |
|   |  |  |  |  |  |  |

Office Use Only



600381275556

68 18/21 HALLIHOUT +429.51



C. BRUMBLEY FEB 2 4 2022

## **COVER LETTER**

| TO: I     | Registration Section Division of Corporations  |                  |  |  |  |
|-----------|--|------------------|--|--|--|
| SUBJE(    | ECT: 25005 SW 142 AVENUE, LLC  (Name of Limited Liability Company)                                 |                  |  |  |  |
| SUDUL     |  |                  |  |  |  |
| The enc   | losed member, resignation or dissoci   | ation and fee(s  | ) are submitted for filing.  |  |  |
| Please re | eturn all correspondence concerning  | this matter to:  |  |  |  |
| Daniel W  | agner, Esq.  |                  | _  |  |  |
|           | (Contact Person)   | , <u> </u>       | _  |  |  |
| Daniel W  | agner, P.A.  |                  |  |  |  |
|           | (Firm/Company)   |                  | =  |  |  |
| 20807 Bi  | scayne Blvd., Suite 201  |                  |  |  |  |
|           | (Address)  |                  | -  |  |  |
| Aventura  | , FL 33180   |                  |  |  |  |
|           | (City/State and Zip Code)  |                  | -  |  |  |
| For furt  | her information concerning this matte  | er, please call: |  |  |  |
| Daniel W  | agner, Esq.  | 305              | 9197788  |  |  |
|           | (Name of Contact Person)   |                  | & Daytime Telephone Number)  |  |  |
|           | d please find a check made payable t<br>Filing Fee   |                  | Department of State for: g Fee & Certified Copy  |  |  |
|           | Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 |                  | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |  |  |



## 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  | s it appears on the records of the   | Florida Dep  | oartment       |  |
|--------------------------------|---|--------------------------------------|--------------|----------------|--|
| 2. The Florida docu            | ment/registration number a  | ssigned to this limited liability co | mpany is:    |                |  |
| 3. The date this me            | mber/manager withdrew/res   | signed or will withdraw/resign is:   | 2/9/2022     |                |  |
| 4. 1,(Print N                  | ANGEL SANTOS, hereby withdraw/resign as a, hereby withdraw/resign as a, hereby withdraw/resign as a |                                      |              |                |  |
|                                | (Print Title)   |                                      |              |                |  |
| resignation in w               | iting   | he limited liability company has t   | oeen notifie | d of my        |  |
| Signature of Di                | ssociating Member or Resig  | gning Manager                        | . •          |                |  |
| Filing Fee:<br>Certified Copy: | \$25.00 (Required)<br>\$30.00 (Optional)  |                                      | 1388. OF     | 2022 FEB 15 AL |  |