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Office Use Only



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## **COVER LETTER**

	Registration Section Division of Corporations	19 (19 (19 (19 (19 (19 (19 (19 (19 (19 (
SUBJE	CT: Surfside Legacy LLC (Name of Limited Liability Cor	npany)
The enc	losed member, resignation or dissociation and fee(s	s) are submitted for filing.
Please re	eturn all correspondence concerning this matter to:	
Ralph Ste	erling	
	(Contact Person)	<del>-</del>
	(Firm/Company)	_
1691 Mic	chigan Ave, Suite 250	
	(Address)	20
Miami	Beach, FL 33139	ZI H
-	(City/State and Zip Code)	LAN
For furtl	her information concerning this matter, please call:	
Ralph Ste	erling 917	2021 HA C 30 AH 9: 20 TALL AH H3 11 Fig. 20
	(Name of Contact Person) (Area Code	& Daytime Telephone Number)
,	d please find a check made payable to the Florida I Filing Fee   \$55 Filing	Department of State for: g Fee & Certified Copy
	Mailing Address:	Street Address:
	Registration Section	Registration Section Division of Corporations
	Division of Corporations P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



## 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 a	as it appears on the records of the Florida I	Department
of State is: Surfs	de Lrgacy LLC		•
2. The Florida doc	ument/registration number a	assigned to this limited liability company i	s:
3. The date this me	mber/manager withdrew/re	esigned or will withdraw/resign is:	2021
F. F. 11 12 22 11		, hereby withdraw/resign as a	)21
(Print N	lame of Person Resigning)		
AMBR		AHA.	30
	(Print Title)		- <del> </del>
of this limited lia resignation in wr	bility company and affirm titing.	the limited liability company has been not	fied of my
	titany		
Signature of D	ssociating Member or Resi	gning Manager	
-	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		