114000050131

(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:				

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RIO/mg/m (10,10,14

COVER LETTER

TO:	•	stration Section sion of Corporations					
SUBJ	SOUTH FORK MANAGEMENT LLC						
		(Name of Limited Liability Company)					
The er	nclosed	d member, resignation or dissoc	ciation and fee(s)) are submitted for filing.			
Please	return	all correspondence concerning	this matter to:				
Lean	dro Ba	arbuscio					
		(Contact Person)		-			
South	n Fork	Management LLC					
		(Firm/Company)	<u> </u>	<u>.</u>			
101-1	103 Ea	ast Palmetto Park Road					
		(Address)		-			
Воса	Rator	n, FL 33432					
		(City State and Zip Code)		-			
For fu	rther in	nformation concerning this mat	ter, please call:				
Lean	dro Ba	arbuscio	305	788-9570			
	(N	ame of Contact Person)	(Area Code	& Daytime Telephone Number)			
	sed ple 5 Filing	ease find a check made payable g Fee		Pepartment of State for: Fee & Certified Copy			
		OURIER ADDRESS:		MAILING ADDRESS:			
_		Section Corporations		Registration Section Division of Corporations			
	n Build	•		P.O. Box 6327			
2661 I	Execut	ive Center Circle Florida 32301		Tallahassee, Florida 32314			

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 na	ime of the	limited liability company a	s it appears on the records of the Florida Department
of Stat	e is:	th Fork Management LLC	·
2. The Fi	orida docu	ment/registration number	assigned to this limited liability company is:
L140	0005013	1	.
3. The da	ite this me	mber/manager withdrew/re	signed or will withdraw/resign is:
lanny Laan			, hereby withdraw/resign as a
	(Print N	ame of Person Resigning)	· · ·
AP			
		(Print Title)	
resigna	tion in wri	ivng.	he limited liability company has been notified of my
Signa	ture of Di	ssociating Member or Resi	gning Manager
Filing Fe	e: \	\$25.00 (Required)	
Certified	Copy:	\$30.00 (Optional)	