

214 0000 50454

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

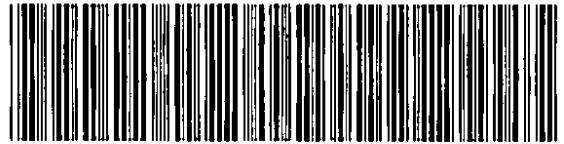
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700347390147

07/02/20 --01020--010 \*\*25.00

FILED

2020 JUL -2 AM 6:47

SECRETARY OF STATE  
TALLAHASSEE, FL

D. BRUCE  
AUG 18 2020

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** APEIRON MIAMI, LLC

(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Robert A. Stok

(Contact Person)

Stok Kon + Braverman

(Firm/Company)

1 East Broward Boulevard, Suit 915

(Address)

Ft. Lauderdale, FL 33301

(City/State and Zip Code)

For further information concerning this matter, please call:

Robert A. Stok

at ( 954 ) 237-1777

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing 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

CR2E079 (2/14)

SECRETARY OF STATE  
TALLAHASSEE, FL

2020 JUL -2 AM 6:47

FILED



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 appears on the records of the Florida Department of State is: Apeiron Miami, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L14000050454

3. The date this member/manager withdrew/resigned or will withdraw/resign is: June 1, 2020

4. I, Muayad Abbas, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
Manager  
*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

*Muayad Abbas*  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

2020 JUL -2 AM 6:47  
SECRETARY OF STATE  
TALLAHASSEE, FL

FILED