

L140000915 1/5

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

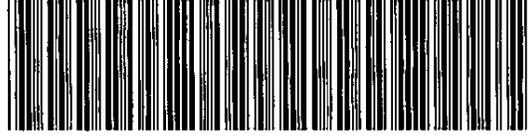
(Business Entity Name)

(Document Number)

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2015 MAY 29 P 4: 07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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JUN 05 2015  
D. BRUCE

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 8335 SW 72nd AVE 2030LLC  
(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:

JOSEFINA SALMON  
(Contact Person)

(Firm/Company)

9190 SW 61st CT.  
(Address)

MIAMI FL 33156  
(City/State and Zip Code)

For further information concerning this matter, please call:

JOANNA SALMON at (786) 556 7089  
(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

**STREET/COURIER ADDRESS:**  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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: 8335 SW 72ND AVE 203D LLC

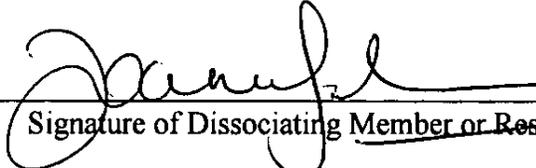
2. The Florida document/registration number assigned to this limited liability company is:  
L14000095965

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/30/14

4. I, JOSEFINA SALMON, hereby withdraw/resign as  
*(Print Name of Person Resigning)*

AMBR MEMBER  
*(Print Title)*

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

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

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MAY 29 P 4:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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