L14000108267

(Requestor's Name)				
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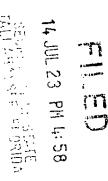
• COVER LETTER

_	istration Section sion of Corporations				
SUBJECT:					
	(Name of Limited	Liability Cor	mpany)		
The enclose	d member, resignation or dissociation	on and fee(s	s) are submitted for filing.		
Please return	n all correspondence concerning this	matter to:			
Sheldon L.	, Berkman		<u>-,</u>		
	(Contact Person)		- <u>A</u>	14	
Berkman J	lorgensen Masters & Stafman, P	4	22 h 22 h 12 h 12 h	JUL 23	
	(Firm/Company)		· · · · · · · · · · · · · · · · · · ·		
1000 W. M	lcNab Road		17 27 28 20 20 20 20	PH 4:5	
	(Address)			СЛ CO	
Pompano I	Beach, FL 33069		ئي.		
-	(City/State and Zip Code)		_		
For further i	information concerning this matter, p	olease call:			
Sheldon L.	. Berkman	954	804-7216		
1)			& Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida Department of State for: □ \$25 Filing Fee					
Registration Division of Clifton Buil	Corporations ding		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327		
	tive 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)

	e limited liability company as it	appears on the records of the Florida Department
2. The Florida doc L1400010826	~	gned to this limited liability company is:
3. The date this me	ember/manager withdrew/resig	ned or will withdraw/resign is:
4. I, Sheldon L Berkman (Print Name of Person Resigning)		
MGR		
	(Print Title)	
of this limited lia resignation in wi	· · ·	limited liability company has been notified of my
Signature of D	issociating Member or Resigni	ng Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	