

L14000116073

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

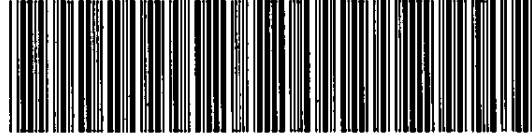
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER

APR 20

ISICOFF, RAGATZ & KOENIGSBERG

ATTORNEYS AT LAW

1200 BRICKELL AVENUE
SUITE 1900
MIAMI, FLORIDA 33131
TEL: 305.373.3232
FAX: 305.373.3233

April 5, 2016

VIA REGULAR MAIL

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

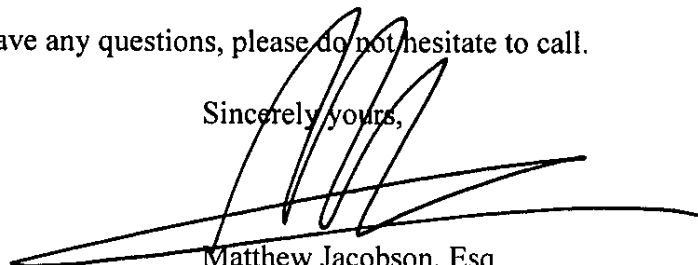
**Re: Paradise Partners Slip 30, LLC
Dissociation or Resignation of Member, Manager from Florida or Foreign
Limited Liability Company**

Dear Sir/Madam:

In connection with the above referenced limited liability company, enclosed please find a Resignation of Member form and check in the amount of \$50.00 to cover the filing fees.

Should you have any questions, please do not hesitate to call.

Sincerely yours,



Matthew Jacobson, Esq
For the Firm

MJ/cp
Enclosure(s) as indicated

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PARADISE PARTNERS SLIP 30, 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:

MATTHEW JACOBSON, ESQ

(Contact Person)

ISICOFF RAGATZ & KOENIGSBERG, P.L

(Firm/Company)

1200 Brickell Avenue, Suite 1900

(Address)

MIAMI, FLORIDA 33131

(City/State and Zip Code)

For further information concerning this matter, please call:

MATTHEW JACOBSON

(Name of Contact Person)

at (305) 373-3232

(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



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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: PARADISE PARTNERS SLIP 30 LLC

2. The Florida document/registration number assigned to this limited liability company is:
L14000116073

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 9/25/2014

4. I, Dayne Tomasetti, 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.



Signature of Dissociating Member or Resigning Manager

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