

L14000117572

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

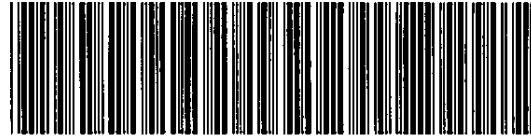
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800263397238

800263397238
10/01/14--01027--001 **25.00

FILED
OCT - 1 PM 1:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 10 2014

C. CARROLL

ISICOFF, RAGATZ & KOENIGSBERG

ATTORNEYS AT LAW

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

September 30, 2014

VIA FEDERAL EXPRESS

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: Paradise Partners Slip # 48, LLC, a Florida limited liability company (the "Company")
Document No. L14000117572

Dear Sir or Madam:

Enclosed find the following Disassociation or Resignation of Manager, Clifford R. Steele, Esq. from the Company (the "Notice of Disassociation") along with this firm's check in the amount of \$25.00. Please file the Notice of Disassociation as soon as possible.

Very truly yours,

Matthew H. Jacobson
For the Firm

Enclosures as indicated

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PARADISE PARTNERS SLIP # 48, 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 H. Jacobson, Esq.

(Contact Person)

Isicoff, Ragatz & Koenigsberg

(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 H. Jacobson, Esq.

(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

FILED

OCT -1 PM 1:50

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 # 48, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L14000117572

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

4. I, Clifford R. Steele, Esq., 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)