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## **COVER LETTER**

COVER LETTER		
TO: Registration Section Division of Corporations	ompany)	
SUBJECT: Interstate I-401, LLC	My Marie Mar	
(Name of Limited Liability C	ompany)	
The enclosed member, resignation or dissociation and fee		
Please return all correspondence concerning this matter to		
Michael Stegawski		
(Contact Person)	<del></del>	
Convergent Capital Group		
(Firm/Company)	<del>_</del>	
1395 Brickell Avenue, Suite 800		
(Address)	<del>_</del>	
Miami, FL 33131		
(City/State and Zip Code)	<del></del>	
For further information concerning this matter, please call:		
Michael Stegawski 305	424-9995	
	le & Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida S25 Filing Fee S55 Filing	Department of State for:  ng Fee & Certified Copy	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	

CR2E079 (2/14)

Tallahassee. Florida 32301



## 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:	state I-401, LLC		
2. The Florida docu	ument/registration number as	ssigned to this limited liability company is:	
L1400013974	3		
3. The date this me	mber/manager withdrew/res	igned or will withdraw/resign is:	
(Print N	ame of Person Resigning)	, hereby withdraw/resign as a	
Manager			
	(Print Title)		
of this limited lial resignation in wri		e limited liability company has been notified of my	
Signature of Di	ssociating Member or Resig	ning Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		