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COVER LETTER

Division of Corporations	
SUBJECT: 857, LLC	
(Name of Limi	ted Liability Company)
The enclosed member, resignation or dissocia	ation and fee(s) are submitted for filing.
Please return all correspondence concerning t	his matter to:
Corey E. Hoffman	
(Contact Person)	
Corey E. Hoffman, P.A. (Firm/Company)	
3250 Mary St., #303, Miami, FL (Address)	_33133
(City/State and Zip Code)	
For further information concerning this matte	r, please call:
Corey	at (305) 443-5600
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	the Florida Department of State for: \$\square\$ \$\\$55 \text{ Filing Fee & Certified Copy}\$
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
2661 Executive Center Circle Tallahassee, 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)

1. The name of the	limited liability company as it appears on the records of the Florida Department
of State is: 857	, LLC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
L1400016123	8
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: $\frac{5/9/17}{}$
4. I, GIUSEPPE	
	ame of Person Resigning)
Manager	
	(Print Title)
resignation in wr	bility company and affirm the limited liability company has been notified of my iting. ssociating Member or Resigning Manager
	#05.00 (P)
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)
common copy.	ψυσιου (Optional)