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COVER LETTER

CR2E079 (2/14)

TO: Registration Section Division of Corporations	
SUBJECT: CORTEZ WASHINGTON, LLC	
(Name of Limited Liability Con	npany)
The enclosed member, resignation or dissociation and fee(s	s) are submitted for filing.
Please return all correspondence concerning this matter to:	
JOHN J. RAYMOND, JR.	
(Contact Person)	_
AKERMAN LLP	
(Firm/Company)	_
251 ROYAL PALM WAY, STE. 215	_
(Address)	_
PALM BEACH, FL 33480	
(City/State and Zip Code)	_
For further information concerning this matter, please call:	
John J. Raymond, Jr. 561	659-8660
(Name of Contact Person) (Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to the Florida I \$25 Filing Fee \$55 Filing	Department of State for: g Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314



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)

	limited liability company as it appe	ars on the records of	the Florida Dep	artment
	ument/registration number assigned	to this limited liabilit	ty company is:	
L1400016878	6			
3. The date this me	mber/manager withdrew/resigned o	r will withdraw/resig	n is:	-Com
4. I. BEVERLEE	MILLER IV	nereby withdraw/resig		
(Print N	ame of Person Resigning)		9	
MEMBER/MA	NAGER			
	(Print Title)			
of this limited lia resignation in wr	bility company and affirm the limite iting.	d liability company h	nas been notified	d of my
ROOM	DO TO			
Signature of Di	ssociating Member or Resigning M	anager		
—	\$25.00 (Required) \$30.00 (Optional)		2016 FEB 16	With the same of t
Certified Copy.	\$50.00 (Optional)		RY OF	m
			FLOF FLOF	U