L140001770C8

| (Requestor's Name) | | | |
|---|--|--|--|
| | | | |
| (Address) | | | |
| (44) | | | |
| (Address) | | | |
| City/State/Zip/Phone #) | | | |
| WAIT MAIL | | | |
| (Business Entity Name) | | | |
| | | | |
| (Document Number) | | | |
| Certificates of Status | | | |
| Special Instructions to Filing Officer: | | | |
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Office Use Only



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S. WARREN 'JUN 2 7 2017

COVER LETTER

TO: Registration Section

CR2E079 (2/14)

Division of Corporations

| SUBJECT: Scandinavian Properties, LLC (Name of Limited Liability Company) | | | |
|---|--|--|--|
| (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: | | | |
| Richard I. Korman, Esq. (Contact Person) | | | |
| Richard I Kerman, P.A. (Firm/Company) | | | |
| 407 Lincoln Rd #8R | | | |
| Miami Black, FL 33139 (City/State and Zip Code) | | | |
| For further information concerning this matter, please call: | | | |
| Richard Korman at (305) 322-1826 (Name of Contact Person) (Area Code & Daytime Telephone Number) | | | |
| Enclosed please find a check made payable to the Florida Department of State for: \$\Pi\$\$ \$25 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

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

| | limited liability company as it appears on andinavian frogert | |
|--|---|--|
| 2. The Florida doc | ument/registration number assigned to this | s limited liability company is: |
| L14000 | 0177008 | |
| 3. The date this mo | ember/manager withdrew/resigned or will | withdraw/resign is: $6/20/20/7$ |
| 4.1. Christia | Mikkelsen hereby Jame of Person Resigning) | withdraw resign as a |
| Authoriz | ed Representative (Prim Tide) | |
| of this limited lia resignation in wa | bility company and affirm the limited liab | ility company has been notified of my |
| M | | |
| Signature of D | issociating Member or Resigning Manage | r |
| | \$25.00 (Required) \$30.00 (Optional) | 17 JUN 20 17 JUN 20 12 J. J. J. S. |