L14000171886

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



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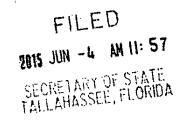


A CARRENT CON CONTRACT

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: S&C PROPERTY GROUP L	LC .		
(Name of Limi	ited Liability Company)		
The enclosed member, resignation or dissocia	ation and fee(s) are submitted for filing.		
Please return all correspondence concerning t	this matter to:		
BRANISLAV CIERNY			
(Contact Person)			
S&C PROPERTY GROUP LLC			
(Firm/Company)			
1000 ISLAND BLVD #409			
(Address)			
AVENTURA, FL, 33160			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
BRANISLAV CIERNY	305 9169773		
(Name of Contact Person)	(Area Code & Daytime Telephone Number)		
Enclosed please find a check made payable to \$25 Filing Fee	o the Florida Department of State for: \$\square\$\$ \$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		

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)

	limited liability company as it appears on the records of the Florida Department PROPERTY GROUP LLC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
L1400017788	
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
4 I SILVIA CIER	NA, hereby withdraw/resign as a ame of Person Resigning)
(Print N	ame of Person Resigning)
MGRM	
	(Print Title)
of this limited lial resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Signature of Di	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)