

L14000189304

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

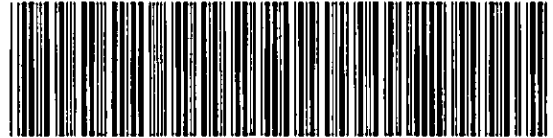
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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10/13/21--01009--022 **525.00

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2021 NOV -3 AM 9:22
SECRETARY OF STATE
TALLAHASSEE, FL

Dissociation
of member

5/10/21

D CUSHING

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 3181 & 3183 NW 5TH AVE PROPERTY, LLC.
(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:

MYHANH LOUDEN

(Contact Person)

3181 & 3183 NW 5TH AVE PROPERTY, LLC.
(Firm/Company)

500 S FEDERAL HWY, #1641

(Address)

HALLANDALE, FL 33008

(City/State and Zip Code)

For further information concerning this matter, please call:

MYHANH LOUDEN

at (305) 551-50135

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

PKLD

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

SECRETARY OF STATE
TALLAHASSEE, FL

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 25, 2021

MYHANH LOUDEN
500 S. FEDERAL HWY
1641
HALLANDALE, FL 33008

SUBJECT: 3181 & 3183 NW 5TH AVE PROPERTY, LLC.
Ref. Number: L14000189304

We have received your document for 3181 & 3183 NW 5TH AVE PROPERTY, LLC. and your check(s) totaling \$525.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The above listed entity was administratively dissolved or its certificate of authority was revoked for failure to file the 2015 annual report. The entity must be reinstated before this document can be filed.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Alecia Rivers
Regulatory Specialist II

Letter Number: 321A00025887



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: 3181 & 3183 NW 5TH AVE PROPERTY, LLC.

2. The Florida document/registration number assigned to this limited liability company is:

L14000109304

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 9/1/2021

4. I, MYHANH LOUDEN, hereby withdraw/resign as a

(Print Name of Person Resigning)

AUTHORIZED REPRESENTATIVE

(Print Title)

MGR

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

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2021 NOV -3 AM 9:28
SECRETARY OF STATE
TALLAHASSEE, FL