

L14000 193 633

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

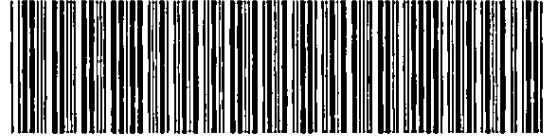
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 7280 SW 89TH ST UNIT D202 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:

Doner Garcia

\_\_\_\_\_  
(Contact Person)

\_\_\_\_\_  
(Firm/Company)

9240 SW 72nd Street, Unit 205

\_\_\_\_\_  
(Address)

Miami, FL 33173

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Doner Garcia

786

752-9861

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
(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

**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)

1. The name of the limited liability company as it appears on the records of the Florida Department  
7280 SW 89TH ST UNIT D202 LLC  
of State is: \_\_\_\_\_

2. The Florida document/registration number assigned to this limited liability company is:  
L14000193633  
\_\_\_\_\_

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 04/26/2018  
\_\_\_\_\_

4. I, Doner Garcia  
(Print Name of Person Resigning)

Manager  
\_\_\_\_\_

(Print Title)

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)

FILED  
2018 APR 30 AM 10:21  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA