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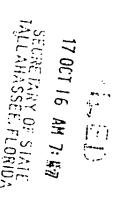
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
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(Document Number)					
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COVER LETTER

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TO:	_	stration Section ion of Corporations					
SUBJ	3061 3063 LAKESHORE, LLC.						
3020		(Name of Limited Liability Company)					
The er	nclosed	I member, resignation or dissoci	ation and fee(s	s) are submitted for filing.			
Please	return	all correspondence concerning	this matter to:				
Mohe	eidin H	anafi					
		(Contact Person)		_			
	<u> </u>	(Firm/Company)		_			
20 OI	ld Sug	ar Mill Lane					
-		(Address)		_			
St. C	loud, f	FL 34769					
		(City/State and Zip Code)		-			
For fu	ırther ii	nformation concerning this matte	er, please call:				
Mohe	eidin H	lanafi	407 at (301-5262			
	(N	ame of Contact Person)	(Area Code	& Daytime Telephone Number)			
	sed ple 5 Filing	ease find a check made payable t g Fee		Department of State for: g Fee & Certified Copy			
Regist Divisi Clifto 2661 I	tration ion of 0 n Build Execut	OURIER ADDRESS: Section Corporations ding ive Center Circle 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)

306	limited liability company as		of the Florida Department
	ument/registration number as	ssigned to this limited liab	oility company is:
L1400019384	<u> </u>	·	
3. The date this me	mber/manager withdrew/res	signed or will withdraw/re	sign is: 09/01/2017
Sahar Hanaf			
(Print N	ame of Person Resigning)		
MGR			
	(Print Title)		
of this limited lia resignation in wr	bility company and affirm the	ne limited liability compan	7 OCT 1
X			333S 445 C
Signature of Di	ssociating Member or Resig	ning Manager	H 7. W FLORN
•	\$25.00 (Required)		A STE
Certified Copy:	\$30.00 (Optional)		