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## **COVER LETTER**

**Division of Corporations** AVENTURA OFFICE 1818, LLC SUBJECT: (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: Hernan Leonoff (Contact Person) (Firm/Company) 1915 Harrison Street (Address) Hollywood, FL 33020 (City/State and Zip Code) For further information concerning this matter, please call: Steven M. Reisman, Esq. 286-1160 786 (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: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301

CR2E079 (2/14)

TO:

Registration Section



## 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)

	Ilimited liability company as ENTURA OFFICE 1818, L	s it appears on the records of	the Florida Department
2. The Florida doc L1500000905		assigned to this limited liabili	ity company is:
4. I. HERNAN LE	ONOFF	signed or will withdraw/resig, hereby withdraw/resi	
MANAGER	(Print Title)		
of this limited lia resignation in w		he limited liability company	has been notified of my
Signature of D	issociating Member or Resig	gning Manager	JAN 10 PH
•	\$25.00 (Required) \$30.00 (Optional)		위 6: 2 임 (-) 11 인 인 (-) 11