## 115000021251

	(Requestor's Name)	
-	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	(Business Entity Name)	
١	(Document Number)	
Certified Copies	Certificates of S	Status
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MAY 2 1 2015

**T CANNON** 

## **COVER LETTER**

TO: Registration Section Division of Corporat	ions		
SUBJECT: 216 PV LLC			
	(Name of Limited	Liability Com	pany)
The enclosed member, resig	nation or dissociation	on and fee(s)	are submitted for filing.
Please return all corresponde	ence concerning this	s matter to:	
JARED ROSEN, ESQ.			
(Contac	et Person)		•
ROSEN LAW LLC			
(Firm/C	Company)		
118 REMO PLACE			
(Add	ress)		•
PALM BEACH GARDENS	S, FLORIDA 3341	8	
(City/State	and Zip Code)		•
For further information conc	erning this matter, p	please call:	
JARED ROSEN, ESQ.	at	561	899-9999
(Name of Contact F			& Daytime Telephone Number)
Enclosed please find a check \$25 Filing Fee			epartment of State for: Fee & Certified Copy
STREET/COURIER ADD Registration Section Division of Corporations Clifton Building 2661 Executive Center Circl Tallahassee, Florida 32301			MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)



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## 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 of State is: 216	limited liability company as it appears on the records of the Florida Department
2. The Florida doc L1500002125	ument/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
JOHN NOTA	
MANAGER	
	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Jah	Natorina
Signature of D	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)