

L15000028099

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FL

D. BRUCE  
AUG 20 2020

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** COLLEGE PARK APTS 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:

ALAN BERGER

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

COLLEGE PARK APTS LLC

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

22169 LARKSPUR TRAIL

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

BOCA RATON, FLORIDA 33433

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

For further information concerning this matter, please call:

ALAN BERGER

\_\_\_\_\_  
(Name of Contact Person)

at ( 954 ) 253-0399  
\_\_\_\_\_  
(Area Code & Daytime Telephone Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

Enclosed please find a check made payable to the Florida Department of State for:  
☒ \$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy

**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



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: COLLEGE PARK APTS LLC

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

L15000028099

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 06/30/2020

4. I, STEVEN BERGER, hereby withdraw/resign as a  
(Print Name of Person Resigning)

MANAGING MEMBER

(Print Title)

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

[Signature]  
Signature of Dissociating Member or Resigning Manager

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

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TALLAHASSEE, FL