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SECRETARY OF STATE

COVER LETTER

Registration Section TO: Division of Corporations JESSIE SMALL 1815 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: James W. Govin (Contact Person) Hermann & Govin (Firm/Company) 134 S. Dixie Hwy, Ste 100 (Address) Hallandale Beach, FL 33009 (City/State and Zip Code) For further information concerning this matter, please call: James W. Govin 305 (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

CR2E079 (2/14)

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	
of State is:	SIE SMALL 1815 LLC	
2. The Florida docu	ment/registration number assigned to this limited liability company 5	
L15000048334	} ************************************	
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:	
4. I,	, hereby withdraw/resign as a ame of Person Resigning)	
(Print N	ame of Person Resigning)	
Member		
	Print Title)	
of this limited lial	oility company and affirm the limited liability company has been notified of my	
resignation in wr	ssociating Member or Resigning Manager	
Signature of Di	ssociantify inclined of Kestkining interrefer	
	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	