L150000674061

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SECRETARY OF STATE
FALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section

CR2E079 (2/14)

Divis	sion of Corporations			
SUBJECT:	3434 SW 7 Street, LLC, a L	imited Liabili.	ity Company	
SOBJECT.	(Name of Limited Liability Company)			
The enclosed	d member, resignation or dissoc	iation and fee((s) are submitted for filing.	
Please return	all correspondence concerning	this matter to	:	
Bruce Horn	nstein, P.A.			
-	(Contact Person)		_ 	
Bruce Horr	nstein, P.A.		SECRETARY OF STATE ALLAHASSEE FLORIDA	
	(Firm/Company)		_ \$\frac{1}{2} \times	
6961 India	n Creek Drive		O PH 2: 42 SEE FLORIDA	
	(Address)		– Corrora	
Miami Bea	ch, Florida 33141		BA ₹ 2	
	(City/State and Zip Code)			
For further in	nformation concerning this matt	ter, please call	:	
Bruce Horn		305 at (397-8476	
(N	ame of Contact Person)		e & Daytime Telephone Number)	
Enclosed ple ■ \$25 Filing	rase find a check made payable i g Fee		Department of State for: g Fee & Certified Copy	
	OURIER ADDRESS:		MAILING ADDRESS:	
Registration			Registration Section	
Division of Clifton Build	•		Division of Corporations P.O. Box 6327	
	ive Center Circle		Tallahassee, Florida 32314	
	Florida 32301			



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: <u>343</u>	4 SW 7 Street, LLC, a Lim	ited Liability Company
2. The Florida doc L1500006766	•	signed to this limited liability company is:
3. The date this me	ember/manager withdrew/res	gned or will withdraw/resign is: 07/09/2018
Carlos E. Fe	rnandez	, hereby withdraw/resign_as_a
Managing Me		2018 TALL
of this limited lia resignation in wi	(Print Title) ability company and affirm the	e limited liability company has been notified of my
Signature of D	issociating Member or Resign	ning Manager Sin 5
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	