

45000112369

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

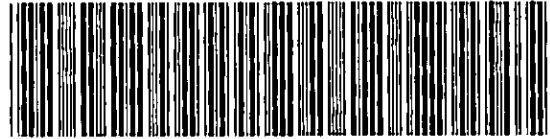
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FL

CLS
10-6-18

SUBJECT: LIGHTHOUSE POINT PLAZA 213B LLC
(Name of Limited Liability Company)

Please return all correspondence concerning this matter to:

(Firm/Company)

Miami, FL 33184
(City/State and Zip Code)

For further information concerning this matter, please call:

DEBORAH GUSTAVSON at (305) 772-3632
(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

☐ S55 Filing Fee & Certified Copy**STREET/COURIER ADDRESS:**

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

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: LIGHTHOUSE POINT PLAZA 213B LLC

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

L15000112369

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 9/20/2018

4. I, DEBORAH GUSTAVSON, hereby withdraw/resign as a

(Print Name of Person Resigning)

MGR

(Print Title)

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

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)

Certified Copy: \$30.00 (Optional)

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