

L15000 1193FF

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ MAIL

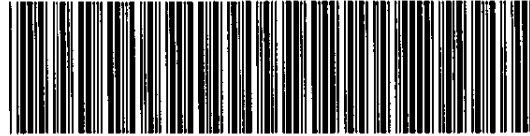
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SEP 09 2015
J SHIVERS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 411 E 415 South Beach Road, 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:

Marc Gaylord
(Contact Person)

Marc R. Gaylord, P.A.
(Firm/Company)

12000 SE Old Dixie Hwy.
(Address)

Hobe Sound, FL 33455
(City/State and Zip Code)

For further information concerning this matter, please call:

Marc Gaylord at (772) 545-7740
(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

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: 411 E 415 South Beach Road LLC

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

L15000119388

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

8/21/2015

4. I, Ralph F. Crocker, Jr., hereby withdraw/resign as a
(Print Name of Person Resigning)

Member

(Print Title)

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

Ralph F Crocker Jr

Signature of Dissociating Member or Resigning Manager

RECEIVED
15 SEP - 8 AM 11:50
TALLAHASSEE
FLORIDA

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