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A. RIVERS MAR 1 0 2023

## **COVER LETTER**

Division of Corporations	
FKS NINE, LLC SUBJECT:	
	of Limited Liability Company)
The enclosed member, resignation or d	issociation and fee(s) are submitted for filing.
Please return all correspondence conce	rning this matter to:
Kevin Waissmann	
(Contact Person)	
Tango Management Services LLC	
(Firm/Company)	
21209 NE 38TH AVENUE	
(Address)	
Aventura, FL 33180	
(City/State and Zip Code)	
For further information concerning this	s matter, please call:
Kevin Waissmann	305 351-1000 at ( )
(Name of Contact Person)	at ()(Area Code & Daytime Telephone Number)
Enclosed please find a check made pay	rable to the Florida Department of State for:
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	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)

	limited liability company as	s it appears on the records of the Flo	orida Department
2. The Florida docu L15000122137	ument/registration number a	ssigned to this limited liability com	pany is:
4. 1. Tango Managem  (Print N  Manager	ent Services LLC  ame of Person Resigning)  (Print Title)  bility company and affirm thing.	signed or will withdraw/resign is:, hereby withdraw/resign as a, hereby withdraw/resign as a	29 AH
Signature of Di	ssociating Member or Resig	ning Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		