

L150000138674

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

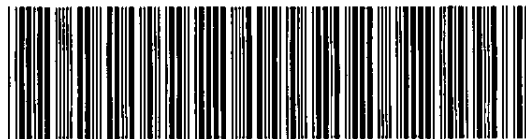
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF REVENUE
15 SEP 24 PM 3:25
TALLAHASSEE, FLORIDA
SUFFICIENCY OF FILING

FILED
15 SEP 24 AM 9:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SEP 25 2015

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FLORIDA FILING & SEARCH SERVICES, INC.

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155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 9/24/15

NAME: 234 SC, LLC

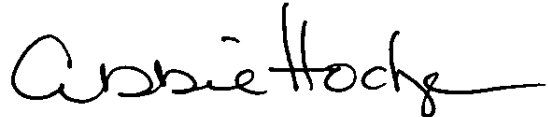
TYPE OF FILING: DISSOCIATION OF MEMBER

COST: 25.00

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ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 234 SC, 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:

Kristian Reich

(Contact Person)

n/a

(Firm/Company)

2024 Fisher Island Drive

(Address)

Miami Beach, Florida 33109

(City/State and Zip Code)

For further information concerning this matter, please call:

Kristian Reich

at (305) 528-3174

(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: 234 SC, LLC

2. The Florida document/registration number assigned to this limited liability company
L15000138674

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 08/20/2015

4. I, Oliver Quinn, 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.

Oliver Quinn

Signature of Dissociating Member or Resigning Manager

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

FILED
15 SEP 24 AM 9:45
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TALLAHASSEE, FLORIDA