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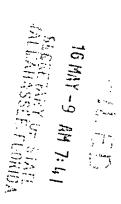
(Requestor's Name)			
(Address)			
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PICK-UP WAIT MAIL			
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MAY 10 2016 J SHIVERS

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 176 Venetian Dr. LLC	
	ited Liability Company)
The enclosed member, resignation or dissocia	ation and fee(s) are submitted for filing.
Please return all correspondence concerning t	this matter to:
Charles D. Franken	
(Contact Person)	
Charles D. Franken PA	
(Firm/Company)	
600 South Pine Island Road Suite 203	
(Address)	
Plantation FL 33324	
(City/State and Zip Code)	
For further information concerning this matte	er, please call:
·Charles D. Franken	954 476 7 at (
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	the Florida Department of State for: \$\square\$ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314

CR2E079 (2/14)



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 a	as it appears on the records of the Flo	orida Department
2. The Florida docu L1500001429	•	assigned to this limited liability com	pany is:
		esigned or will withdraw/resign is:	
4. I, Charles D. F.	ranken	hereby withdraw/resign as a	MAY -9
(Print N	ame of Person Resigning)		
Manager/Member			MY 2 (
	(Print Title)	•	
of this limited lia resignation in wr	bility company and affirm iting.	the limited liability company has bee	n notified of my
	On.		
Signature of Di	ssociating Member or Res	igning Manager	
Filing Fee:	\$25.00 (Required)		•
Certified Copy:	\$30.00 (Optional)		