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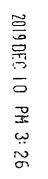
(Red	uestor's Name)	
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Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		

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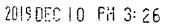


## **COVER LETTER**

TO: Registrati Section Division Corporations		
7504 Treasure Drive, LLC SUBJECT:		
(Name of Limit	ed Liability Co	ompany)
The enclosed member resignation or dissocia	tion and fee	(s) are submitted for filing.
Please return all co-condence concerning the	nis matter to	:
David S. Willig		
(Contact Person)		<del></del>
David S. Willig, ⊜r artered		
Firm/Company)		<del>_</del>
2837 SW 3rd AVE		
Address)		<del>_</del>
Miami, FL 33129		
(City/State and Zip Code)		<del>_</del>
For further information concerning this matter	r, please call	:
David S. Willig	305 at (	860-1881
(Name of Centact Person)	(Area Cod	le & Daytime Telephone Number)
Enclosed please find a check made payable to  \$25 Filing Fee		Department of State for:  ng Fee & Certified Copy
STREET/COURTER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee. Florida 32301 CR2E079 (2/14)		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Andrew Miles







; ; ;

## 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 it appears on the records of the Florida De W. Treasure Drive, LLC	partment
L1500014362		
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:	<u>115, 2019</u>
Manager	, hereby withdraw/resign as a some of Person Resigning)	
	bility company and affirm the limited liability company has been notifi	ed of my
Signature of Di	issöciáting Member or Resigning Manager	
_	\$25.00 (Required) \$30.00 (Optional)	