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February 7, 2020

FLORIDA DEFARTMENT OF STATE Division of Corporations

PLAZA NORTH ACQUISITION, LLC 1870 NW SOUTH RIVER DR MIAMI, FL 33125US

SUBJECT: PLAZA NORTH ACQUISITION, LLC REF: L15000175653

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Yasemin Y Sulker Regulatory Specialist III FAX Aud. #: H20000043031 Letter Number: 520A00002802

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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: PLAZA NORTH ACQUISITION, LLC
- 2. The Florida document/registration number assigned to this limited liability company is: L15000175653

3.	The data doly assume a first an extended on the data of the data of the state of the state of the state of the	2/5/2020
	. The date this member/manager withdrew/resigned or will withdraw/resign is:	

RE2011, CORP. a Florida corporation		, hereby withdraw/resign a	5.8	
(Print Name of Person Resigning)			∑SE	2020 F
	a Finzida comporation		. FLOX	
	sociating Member or Resignin	g Manager		
Filing Fee:	\$25.00 (Required)			
Certified Copy:	\$30.00 (Optional)			

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COVER LETTER

TO: Registration Section Division of Corporations

PLAZA NORTH ACQUISITION, LLC SUBJECT:

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(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:

John Calelano, Esq.

(Contact Peston)

Siegfried Rivera

(Finn/Company)

201 Alhambra Circle, 11th Ficor

(Address)

Coral Gables, FL 33134

<u>_____</u>

(City/State and Zip Code)

For further information concerning this matter, please call:

 John Catalano
 305
 442-8543

 (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 & Certified Copy

Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of FallahasseeTailahassee, FL 323142415 N. Monroe Street, Suite 810Tailahassee, FL 32303Tailahassee, FL 32303

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