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S. YOUNG

SECRETARY OF STATE TALLAHASSEE, FLORID

COVER LETTER

Division of Corporations		
SUBJECT: PHOENIX SUR 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:		
ROBERT BARRY (Contact Person)		
PHOENIX SURLLC (Firm/Company)		
1900 VAN BUREN STREET (Address)	5	SEL
HOLLYWOOD. FLORIDA, 33020 (City/State and Zip Code)	AUG 15 F	RETARY
For further information concerning this matter, please call:	PM 4: 39	- FE
ROBERT RARRY at (95H) 62H 6523 (Name of Contact Person) (Area Code & Daytime Telephone Number)	39 -	RIDA
Enclosed please find a check made payable to the Florida Department of State for: \$\sum_{\text{\$\frac{1}{2}}}\$		

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

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)

1. The name of the lin	nited liability company as it appears on the records of the Florida Department
of State is:	IDENIX SUR LLC
2. The Florida docum	ent/registration number assigned to this limited liability company is:
L1600002	8118
3. The date this memb	per/manager withdrew/resigned or will withdraw/resign is: 08/10/2016
4. I, TRISTAN I. (Print Name	hereby withdraw/resign as a e of Person Resigning)
MBR (Pr	int Title)
of this limited liabilities	
2	SSEE, F.S.
Signature of Disso	ociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)