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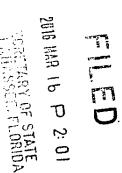
(Requ	estor's Name	e)		
(Address)				
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(City/S	State/Zip/Pho	ne #)		
PICK-UP	WAIT	MAIL		
(Busin	ess Entity Na	ame)		
(Document Number)				
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COVER LETTER

Division of Corporations	
SUBJECT: INDIE 211 LLC	
(Name of Limited Liability Co	ompany)
The enclosed member, resignation or dissociation and feed	(s) are submitted for filing.
Please return all correspondence concerning this matter to	:
PATRICIA NUGENT, ESQ	
(Contact Person)	_
NUGENT & GROUND LLC	
(Firm/Company)	
2455 E SUNRISE BLVD 807	
(Address)	_
FORT LAUDERDALE FL 33304	
(City/State and Zip Code)	_
For further information concerning this matter, please call	:
PAT NUGENT 954	5371717
(Name of Contact Person) (Area Cod	e & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida \$25 Filing Fee \$55 Filing	Department of State for: g Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section 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 as		f the Florida De	partment
	ument/registration number as		lity company is:	
W160000186	52 <u>Ulvaan</u> 53	<u> 125</u> 9		
3. The date this me	mber/manager withdrew/resi	igned or will withdraw/resi	gn is:3/17/20	16
	PERLMAN Tame of Person Resigning)			
(Print N	ame of Person Resigning)			
MANAGER				
	(Print Title)			
of this limited lia resignation in wr	bility company and affirm the iting.	e limited liability company	has been notifi	ed of my
the	m Gu 1			
Signature of Di	ssociating Member or Resign	ning Manager		
	\$25.00 (Required)		<u>~</u>	
Certified Copy:	\$30.00 (Optional)		ASSECTION AND AND AND AND AND AND AND AND AND AN	THE STATE OF THE S
			37 F	