1/600087980

(Requestor's Name)				
(Address)				
(Address)				
· · (C	ity/State/Zip/Phone #)			
. PICK-UP	WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of	Status		
Special Instructions to Filing Officer:				





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COVER LETTER

Division of Corporations		
12948 LLC SUBJECT:		
	imited Liability Com	pany)
The enclosed member, resignation or disso	ociation and fcc(s)	are submitted for filing.
Please return all correspondence concerning	g this matter to:	
Dennis R. Haber, Esq.		
(Contact Person)		
Dennis R. Haber, PA		
(Firm/Company)	- · - ·	
8925 SW 148 Street, #200		
(Address)		-
Palmetto Bay, Fl 33176		
(City/State and Zip Code)		-
For further information concerning this ma	atter, please call:	
Dennis R. Haber	305	256-3002
(Name of Contact Person)		& Daytime Telephone Number)
Enclosed please find a check made payable ■ \$25 Filing Fee		epartment of State for: 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)

1. The name of the of State is:	da	s it appears on the records of the Flo	erida Department
2. The Florida docu L16000087980	•	assigned to this limited liability com	pany is:
3. The date this me	mber/manager withdrew/re	signed or will withdraw/resign is:	arch 28,2018
4. I, Kristy Gores		hereby withdraw/resign as a	2018 44.1
(Print N	ame of Person Resigning)	, hereby withdraw/resign as a	AP)
MGR			2010 APR 10 PEUNETARY FILAHASSE
	(Print Title)) Am
of this limited lial resignation in wr	pility company and affirm titing.	he limited liability company has bee	noted of Thy
	ty Yous ssociating Member or Resig		
Signature of Di	ssociating Member or Resi	gning Manager	
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)		