

L16000100380

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

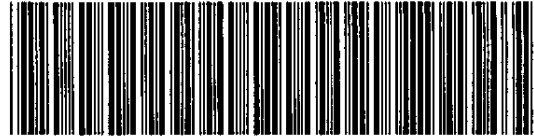
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500291645925

10/31/16--01021--009 **25.00

FILED
2016 OCT 31 A 11:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S Warren

NOV 01 2016

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: 1631 North , LLC

Name of Limited Liability Company

(Resignation)
The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Yaron Gilaei

Name of Person

1631 North LLC

Firm/Company

5820 Funston Street

Address

Hollywood, FL 33023

City/State and Zip Code

yarongilaei77@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alan B. Schneider

954 893-6868
at (_____) _____
Area Code Daytime Telephone Number

Name of Person

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



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: 1631 North, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L16000100380

3. The date this member/manager withdrew/resigned or will withdraw/resign is: June 29, 2016

4. I, Shira Gilaei, hereby withdraw/resign as a
(Print Name of Person Resigning)

Manager

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

CR215079 (2/14)

FILED
2016 OCT 31 AM 11:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

State of Florida
County of Broward
Personally appeared
Shira Gilaei with FL
driver license
Aretha Carrington

