## 116000123449

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
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MAY 29 2018

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: ILANDMIAMI, LLC	
(Name of Limited Liability C	Company)
The enclosed member, resignation or dissociation and fee	e(s) are submitted for filing.
Please return all correspondence concerning this matter to	0;
LYNDA MARIANO	,
(Contact Person)	
ILANDMIAMI, LLC	
(Firm/Company)	<del></del>
5212 FISHER ISLAND DR	
(Address)	
MIAMI, FL 33109	
(City/State and Zip Code)	
For further information concerning this matter, please cal	II:
LYNDA MARIANO 305	984-2331
(Name of Contact Person) (Area Co	de & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida  \$25 Filing Fee  \$55 Filing Fee	Department of State for: ng Fee & Certified Copy
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)

of State is:  LIANDMIAMI, LLC  2. The Florida document/registration number assigned to this limited liability company is: L16000123449  3. The date this member/manager withdrew/resigned or will withdraw/resign is:  4. I, ADAM TERRIS  (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)	1. The name of the	limited liability company as	s it appears on the records of th	e Florida Department
3. The date this member/manager withdrew/resigned or will withdraw/resign is:  4. I, ADAM TERRIS  (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)		NDMIAMI, LLC		
3. The date this member/manager withdrew/resigned or will withdraw/resign is:  4. I, ADAM TERRIS  (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)	2. The Florida doc	ument/registration number a	ssigned to this limited liability	company is:
4. I, ADAM TERRIS  (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)	L1600012344	9		
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)			signed or will withdraw/resign	is:
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)	4. I,, hereby withdraw/resign as a			
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)	(Print N	Name of Person Resigning)		
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)	MANAGER			
Signature of Dissociating Member or Resigning Manager  Filing Fee: \$25.00 (Required)		(Print Title)		
Signature of Dissociating Member or Resigning Manager  Filing Fee: \$25.00 (Required)	of this limited lia resignation in wr	bility company and affirm thiting.	ne limited liability company has	
Filing Fee: \$25.00 (Required)	(I)			THE PARTY OF THE P
Filing Fee: \$25.00 (Required)	Signature of Di	issociating Member or Resig	ining Manager	
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