

L16000139228

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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NOV 30 2016

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SJ SHULMAN ENTERPRISES 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:

MICHAEL H. HIRSCH  
(Contact Person)

MICHAEL H. HIRSCH, PA  
(Firm/Company)

650 SE 3RD AVE  
(Address)

FORT LAUDERDALE, FL 33301  
(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL H. HIRSCH at 954 462-7393  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:  
☒ \$25 Filing Fee ☐ \$55 Filing 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



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: SJ SHULMAN ENTERPRISES LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L16000139228

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 11/01/2016

4. I, ANDREW SHULMAN, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

MEMBER

*(Print Title)*

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

(X) Andrew Shulman

Signature of Dissociating Member or Resigning Manager

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

**FILED**  
16 NOV 28 P 12:39  
CLERK OF STATE  
TALLAHASSEE, FLORIDA