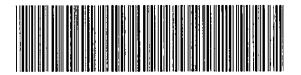
## L16000179118

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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2021,7113 67 5110



## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: South Miami Holding (Name of Limited Liability Cor	ng 6100p LLC
The enclosed member, resignation or dissociation and fee(s	s) are submitted for filing.
Please return all correspondence concerning this matter to:	
Martinez (Contact Person)	-
(Firm/Company)	_
13831 SW 59 ST (Address)	
Miami F/ 33/83 /(City/State and Zip Code)	්ය 
For further information concerning this matter, please call:	0
Name of Contact Person) at (Area Code	250 - 222 / & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida □ \$25 Filing Fee □ \$55 Filing	Department of State for:  2 Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



## 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: South Miami Holding Group LL	<u> </u>
2. The Florida document/registration number assigned to this limited liability company	
L1600017918	
3. The date this member/manager withdrew/resigned or will withdraw/resign is: OS  4. I, Social Rosales , hereby withdraw/resign as a   (Print Name of Person Resigning)	0423
(Print Title)	201
of this limited liability company and affirm the limited liability company has been not resignation in writing.	ified of my
Sposales	·::
Signature of Dissociating Member or Resigning Manager	0
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	