1.16000198587

(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
Office Use Only
2017 DEC -4.
2011 D



900306184009

12/05/17--01015--024 **50.00

FILED
2011 DEC -5 PM 7: 16

K. SALY DEC - 6 2017



FILED

2017 DEC -5 PM 7: 16

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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:	ALIF MIAMI GARDENS, LLC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
L1600019858	<u>7 </u>
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
4. I, SAJJAD I: (Print N	SLAM, hereby withdraw/resign as a ame of Person Resigning)
MGR	(Print Title)
of this limited lial resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
<u> </u>	>
Signature of Di	ssociating Member or Resigning Manager
-	\$25.00 (Required)
Certified Conv	\$30.00 (Optional)