## L16000200220

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**S Warren** NOV 1 0 2016

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: 367 W 33 ST, LLC (Name of Limited Liability	L (L 16 000 200 2
The enclosed member, resignation or dissociation and	fee(s) are submitted for filing.
Please return all correspondence concerning this matte	er to:
Colin F. Bowe (Contact Person)	
367 W 33 ST, LCC (Firm/Company)	<del></del>
255 Alhambra Cr #305 (Address)	
Coral Gables, FL 33134 (City/State and Zip Code)	<u>+</u>
For further information concerning this matter, please	call:
Colin F. Bows at (30) (Name of Contact Person) (Area	Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flor \$25/Filing Fee	ida Department of State for: Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Tallahassee, Florida 32301

CR25079 (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)

1. The name of the	limited liability company as it	t appears on the records o	f the Florida Departme	ent
of State is: _3	67W 33 ST, L	ic		<b>_</b> ·
2. The Florida doc	ument/registration number assi	igned to this limited liabil	lity company is:	
L16 00	0 200 220	•		
	ember/manager withdrew/resig		gn is: 11-8-10	6
4. I, Colin (Print N	A. Bowe Jame of Person Resigning)	, hereby withdraw/res	ign as a	
<u>Mana</u>	QeV (Print Title)			
of this limited lia resignation in wr	bility company and affirm the iting.	limited liability company	has been notified of n	ny
Signature of D	issociating Member or Resigni	ng Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \( \square \) \$30.00 (Optional) \( \square \)		2016 POW -9 A	FILE