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COVER LETTER

Division of Corporations MIAMI AVE CONDO 1104 LLC SUBJECT: (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: Christopher Langen, Esq. (Contact Person) Langen & Langen, P.A. (Firm/Company) P.O. Box 398570 (Address) Miami, FL 33239 (City/State and Zip Code) For further information concerning this matter, please call: Christopher Langen (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 Address: Mailing Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO: Registration Section



2021 AUG 19 FM 4: 08 SECRETARY ST STATE

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)

	limited liability company as it appears on the records of the Florida Department 41 AVE CONDO 1104 LLC
2. The Florida docu L16000204355	ment/registration number assigned to this limited liability company is:
3. The date this mer	mber/manager withdrew/resigned or will withdraw/resign is:
	, hereby withdraw/resign as a me of Person Resigning)
Manager	
	Print Title)
of this limited liab resignation in wri	ility company and affirm the limited liability company has been notified of my ting.
CHRISTOP	ssociating Member or Resigning Manager HER LANGEN AS MANAGER OF
rung ree:	S25.00 (Required) S30.00 (Optional)