L16000221945

	equestor's Name)	
(Ac	ldress)	
(Ác	ldress)	<u>_</u> _
(Ci	ty/State/Zip/Phone	e #)
PICK-UP		MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
	Office Use On	

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COVER LETTER

TO: Registration Section Division of Corporations

72 AVENUE, 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:

WILLIAM GRIFFITHS

(Contact Person)

(Firm/Company)

19028 SE WINDWARD ISLAND LANE

(Address)

JUPITER, FL 33458

(City/State and Zip Code)

For further information concerning this matter, please call:

WILLIAM GRIFFITHS at (561 743 8039 (Name of Contact Person) (Area Code & Daytime Telephone Number)

Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (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 appears on the records of the Florida Department of State is: ____
- 2. The Florida document/registration number assigned to this limited liability company is: L16000221945
- 3. The date this member/manager withdrew/resigned or will withdraw/resign is: _____
- WILLIAM GRIFFITHS 4. I. _____

_____, hereby withdraw/resign as a ______, hereby withdraw/resign as a

AMBR

(Print Title)

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

Signature of Dissociating Member or Resigning Manager

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

