L17000078732

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PICK-UP WAIT MAIL				
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O SIMMONS

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: 410 Evernia Street Partners, I (Name of Lim	.LC nited Liability Company)
The enclosed member, resignation or dissoci	iation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
Jeff Greene	
(Contact Person)	
410 Evernia Street Partners, LLC	
(Firm/Company)	
95 North County Road	
(Address)	
Palm Beach, FL 33480	
(City/State and Zip Code)	
For further information concerning this matt	er, please call:
Sarah Nilsen	at () 659-2233
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable t ☐ \$25 Filing Fee	to the Florida Department of State for: \$\square\$ \$\square\$ \$\square\$ \$\square\$ \$\text{Filing Fee & Certified Copy}\$
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

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)

	limited liability company as Evernia Street Partners, LL		of the Florida Department
2. The Florida docu L1700007873	ment/registration number as	signed to this limited liabi	ility company is:
3. The date this men	mber/manager withdrew/resi	igned or will withdraw/res	ign is:
4. I, Sarah N	ilsen ume of Person Resigning)	, hereby withdraw/resign as a	
Manager	•		
	Print Title)		
resignation in wri	_	e limited liability compan	y has been notified of my
Duah	hun		
	ssociating Member or Resig	ning Manager	0 WE 6
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		ED 88 58 38