L17000 102206

(Requestor's Name) (Address)	500325840345	
(Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name)	03/12/1 5	-01025034 *•35.00
Certified Copies Certificates of Status	MAR 23 2019 S. YOUNG	FILED 19 MAR 12 PH 14: 29 SECRETARISSEE FLORIDA FALLAMASSEE FLORIDA

Office Use Only

COVER LETTER

TO: Registration Section Division of Corporations	
1741 SOUTHWOOD ST., LLC SUBJECT:	
(Name of Limited Liability (Company)
The enclosed member, resignation or dissociation and fe	ec(s) are submitted for filing.
Please return all correspondence concerning this matter t	to:
JAMES R. SLOTO, ESQ.	
(Contact Person)	
SLOTO & DIAMOND, PLLC	
(Firm/Company)	
9100 S. DADELAND BLVD., SUITE 1607	
(Address)	
MIAMI, FL 33156	
(City/State and Zip Code)	
For further information concerning this matter, please ca	ili:
JAMES R. SLOTO 305	379-1792
(Name of Contact Person) (Area Co	ode & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida ■ \$25 Filing Fee □ \$55 Fil	a Department of State for: ing 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
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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 ap	ppears on the records of the F	lorida Department
of State is: 174	1 SOUTHWOOD ST., LLC		·
2. The Florida doc L1700010220	ument/registration number assign	ned to this limited liability cor	mpany is:
3. The date this me	ember/manager withdrew/resigne	d or will withdraw/resign is: 2	March 6, 2019
JEFFREY Y	UNIS	hereby withdraw/resign as:	a
(Print)	Vame of Person Resigning)	_, notegy withdraw, tesign air t	•
MEMBER/M/	ANGER		
	(Print Title)		
of this limited liz resignation in w	ibility company and affirm the ling.	nited liability company has be	IN LE
Signature of D	issociating Member or Resigning	, Manager	PM '4: 29 RICHLORIDA
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		