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(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
. PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nar	me)
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COVER LETTER

TO: Registration Section Division of Corporations	
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:	
Steven R Amster	
(Contact Person)	
Kodsi Law Firm P.A.	
(Firm/Company)	
140 S Federal Highway, 2nd Floor	
(Address)	
Dania Beach, FL 33004	
(City/State and Zip Code)	ū
For further information concerning this matter, please call:	
Steven R Amster 954 771-8277	EILED
(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 & Certified Copy	
STREET/COURIER ADDRESS: MAILING ADDRESS:	
Registration Section Registration Section Division of Corporations Division of Corporations	
Division of Corporations Division of Corporations P.O. Box 6327	
2661 Executive Center Circle Tallahassee, Florida 32314	

CR2E079 (2/14)

Tallahassee, Florida 32301



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
2. The Florida docu L1700010463	_	ssigned to this limited liability company is:
3. The date this me	mber/manager withdrew/res	igned or will withdraw/resign is:
4. I, Steven R Amster (Print Name of Person Resigning)		, hereby withdraw/resign as a
Manager		
	(Print Title)	
of this limited lial resignation in wr		e limited liability company has been notified of my
	46_	TSEC STORY
Signature of Di	ssociating Member or Resig	ning Manager
	\$25.00 (Required) \$30.00 (Optional)	REPORT OF STATE OF ST