

L17000119409

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

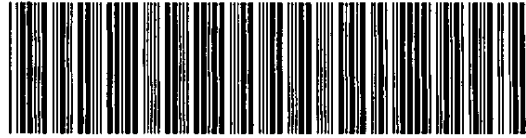
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17 JUN 15 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. WARREN

JUN 16 2017

closings.com

*1124 KANE CONCOURSE (96TH STREET)
BAY HARBOR ISLANDS, FLORIDA 33154*

Tel.: (305) 861-8000

Fax: (305) 675-7976

Email: Irene@closings.com

June 9, 2017

Florida Department of State
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

Re: ST JAMES PLACE PHASE IV, LLC, a Florida limited liability company
Document No. L17000119409

Dear Sir/Madame:

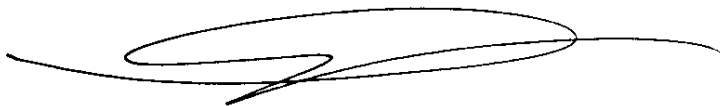
Enclosed please find the following:

Resignation of Member
Amendment
Check No.: 22360 in the amount of \$50.00

If you have any questions or need any further information, please feel free to contact me

Sincerely,

CLOSINGS.COM, INC.



Irene B. Reed

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ST JAMES PLACE PHASE IV, LLC
(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:

Irene B. Reed

(Contact Person)

Closings.Com

(Firm/Company)

1124 Kane Concourse

(Address)

Bay Harbor Islands, Florida 33154

(City/State and Zip Code)

For further information concerning this matter, please call:

Irene B. Reed

(Name of Contact Person)

at 305 861-8000

(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/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



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: ST JAMES PLACE PHASE IV, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L17000119409

3. The date this member/manager withdrew/resigned or will withdraw/resign is: JUNE 9, 2017

4. I, SAM LUPOWITZ, hereby withdraw/resign as a
(Print Name of Person Resigning)

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

FILED
17 JUN 15 AM 10:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA