

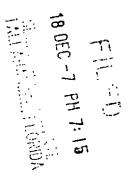
(Requestor's Name)							
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K. SALY BEC 1 8 2018

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 434 Solda Quel, // C (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: Daw Daw Contact Person
934 5080/a aue://c
(Address) (Address) (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\sim\$ \$\\$55\$ 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

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	y company	as it app	ears on th	ne record	ls of the F	lorida Depart	ment
of State is:	lonte	934	50R	OUA	AVE	LLC		·
2. The Florida docu	ıment/registrati	on numbe	r assigne	d to this l	imited li	ability co	mpany is:	
417000	14107	3	,				N	- /
3. The date this me	mber/manager	withdrew/	resigned	or will wi	ithdraw/i	resign is:	30 5	<u> </u>
4. I. //17/1 A	A RIVEUS ame of Person Re.	<u>A()</u> signing)	,	hereby w	ithdraw/	resign as	a	/
Mr)6 (Print Title)		_•					
of this limited lial resignation in vr	bilify company			ted liabili	ty comp	any has b	een notified o	f my
Signature of the	sociating Men	nber or Re	signing N	/anager				
Filing Fee:	\$25.00 (Red	quired)						
Certified Copy:	\$30.00 (Op	tional)		•				