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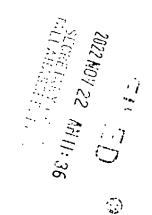
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Special Instructions to	Filina Officer:		
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Office Use Only



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COVER LETTER

TO: Registration Section		
Division of Corporations		
SUBJECT:INDUSTRIAL 107, LLC		
(Name of Limit	ted Liability Com	ipany)
The enclosed member, resignation or dissocia	ition and fee(s)) are submitted for filing.
Please return all correspondence concerning the	his matter to:	
Maria Medina		
(Contact Person)		•
(Firm/Company)		
11931 Nw 21 st		
(Address)	, ,	•
Pembroke Pines , Fl, 33026		
(City/State and Zip Code)		•
For further information concerning this matter	r, please call:	
Maria Medina	954 at (6529964
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to ■ \$25 Filing Fee		epartment of State for: Fee & Certified Copy

Mailing Address:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



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)

IN	limited liability company as	s it appears on the records of the Florida Department
2. The Florida docu L17000181614	ument/registration number a	ssigned to this limited liability company is:
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resign is:
4. I,	i	, hereby withdraw/resign as a
Authorized Repre		
of this limited lial resignation in wr	iting.	ne limited liability company has been notified of my
Signature of Di	ssociating Member or Resig	ning Manager
•	\$25.00 (Required) \$30.00 (Optional)	
certified copy.	Journal)	