11000215069

(Requestor's Name)
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
MAIL MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



800305209388

11/07/17--01012--022 **55.00

D SCOTT NOV 8 2017

COVER LETTER

2200 Lincoln II, LLC SUBJECT:		_
(Name of Lim	nited Liability Company)	
The enclosed member, resignation or dissoci	iation and fee(s) are submitted for filing.	
Please return all correspondence concerning	this matter to:	
Octavio Robles		
(Contact Person)		
2200 Lincoln II, LLC		
(Firm/Company)		
1825 Ponce De Leon Blvd. #361		
(Address)		
Coral Gables, FL 33134		
(City/State and Zip Code)		÷
For further information concerning this matt	ter, please call:	'ر
Octavio Robles	786 515-4251	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	- ,

STREET/COURIER ADDRESS:

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

CR2E079 (2/14)

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)

220	limited liability company as it appears Lincoln II, LLC		Departmen
L1700020506		his limited liability company	y is:
3. The date this me	mber/manager withdrew/resigned or wi	Nov.	
Ralph Mede	ros here	hy withdraw/rosion as a	:
(Print)	, here, here	by withdraw/resign as a	;
Manager			
	(Print Title)		
of this limited lia resignation in wi	bility company and affirm the limited li iting.	ability company has been no	otified of my
Signature of D	ssociating Member or Resigning Mana	ger	
Filing Fee:	\$25.00 (Required)		
Certified Conv:	\$30.00 (Optional)		