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(Requestor's Name)
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COVER LETTER •

Division of Corporations
SUBJECT: AZUR 1918 S YOUNG CIRCLE 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:
YA COUB NABER (Contact Person)
(Firm/Company)
2500 PARKVIEW DR, APT 2008 (Address)
HALLANDALE BEACH, FL 33009 (City/State and Zip Code)
For further information concerning this matter, please call:
YACOUB NABER at (754) 703 0483 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: S25 Filing Fee \$55 Filing Fee & Certified Copy
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations

The Centre of Tallahassee

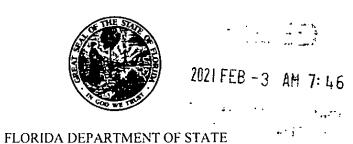
Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E079 (2/14)

P.O. Box 6327

Tallahassee, FL 32314



DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

DIVISION OF CORPORATIONS

(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:	17UR 1918 S YOUNG CIRCLE LLC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
11700	0206602
3. The date this mer	nber/manager withdrew/resigned or will withdraw/resign is: 18/1/2017
4.1. YACOU	MABER, hereby withdraw/resign as a me of Person Resigning)
- AMB	Print Title)
of this limited liab resignation in writ	ility company and affirm the limited liability company has been notified of my ling.
1/xipul	Males
Signature of Dis	sociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
, -	\$30.00 (Optional)
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