

L17 000 231042

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

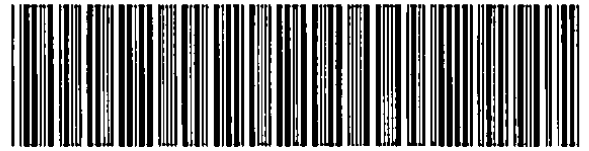
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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20 MAY 26 AM 8:28

JUN 16 2023  
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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CORAL GATE 3056, 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:

Charles Brewer

\_\_\_\_\_  
(Contact Person)

CORAL GATE 3056, LLC

\_\_\_\_\_  
(Firm/Company)

450 GRAPETREE DR # 306 KEY BISCAYNE, FL 33149

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Charles Brewer

\_\_\_\_\_  
(Name of Contact Person)

at (\_\_\_\_\_) \_\_\_\_\_

(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

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

20 MAY 26 AM 8:28



20 MAY 25 PM 8:20

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: CORAL GATE 3056, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L17000231042

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/31/2019

4. I, ALFRED LEON, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

MANAGING MEMBER

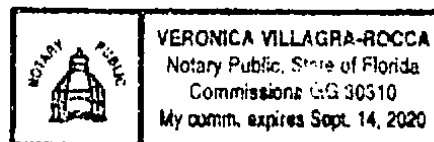
*(Print Title)*

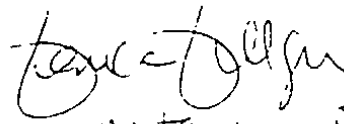
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

Alfred Leon.

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



  
Notary

5/12/2020

State of Florida

signed in my presence & know personally.