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(((H23000397300 3)))



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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : THE AXMAN LAW FIRM

Account Number : I20110000072

Phone : (786)802-0003

Fax Number : (786)558-9806

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786-558.9806

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COVER LETTER

TO:	Registration Section Division of Corporations		(((H23000397300 3)))
CITA	Midtown 3401, LLC		
SUBJ	ECT: (Name of Limited	Liability Com	ipany)
The e	nclosed member, resignation or dissociati	on and fee(s)) are submitted for filing.
Please	e return all correspondence concerning th	is matter to:	
Micha	el B. Axman, Esq. (Fax: 786-558-9806)		-
	(Contact Person)		
The A	xman Law Finn		
	(Firm/Company)		
866 S	Dixie Hwy		
	(Address)		
Coral	Gables, FL 33146		_
	(City/State and Zip Code)		
For f	urther information concerning this matter	, please call:	
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	(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
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	Mniling 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
CR2E	ນ79 (2/14)		(((H23000397300



_ (((H23000397300 3)))

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)

of State is:		ssigned to this limited liability company	is:
L17000249810	•		
3. The date this men	nber/manager withdrew/res	igned or will withdraw/resign is:	oer 16, 2023
Wai Hing Luy		, hereby withdraw/resign as a	- -
(Print N	ame of Person Resigning)	hereby withdraw/resign as u	<u>.</u>
Manager			
	Print Title)		<u>~₩</u> [
of this limited lial resignation in wr	bility company and affirm t iting.	ne limited liability company has been no	iified of iny
WAI!	ssociating Member or Resignation		
Signature of Di	ssociating Member or Resi	gning Manager	
	\$25.00 (Required) \$30.00 (Optional)		
		(((H2300039	