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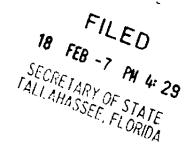
K. SALY FEB 8 2018

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT:LBV1 LLC	
(Name of Limited Liability Cor	npany)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:	
Barbara Weiss	
(Contact Person)	_
LBV1 llc	
(Firm/Company)	-
1835 E Hallandale Beach Blvd	
(Address)	-
FI 33009	
(City/State and Zip Code)	-
For further information concerning this matter, please call:	
Barbara Weiss at (305	496 4053
(Name of Contact Person) (Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to the Florida D \$25 Filing Fee \$55 Filing	repartment of State for: Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

CR2E079 (2/14)





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 a	s it appears on the records of the Florida Department
of State is:	LBV1 LLC	
2. The Florida docu	ment/registration number a	ssigned to this limited liability company is:
L1700	0253076	
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resign is: 01/22/2018
4. I. Victori	a O'Connell ame of Person Resigning)	, hereby withdraw/resign as a
Manag	Print Title)	
of this limited lial resignation in wri		ne limited liability company has been notified of my
M	AMM	
Signature of Di	ssociating Member or Resig	gning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	