Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H20000135694 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

т	_	•
	u	

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

: (305)552-5973

Fax Number

: (305)675-5944

\*\*Enter the email address for this business entity to be used for future £ annual report mailings. Enter only one email address please.\*\*

	_			
E=-1	. 1	Add	ress	•
CINAL		MUU	I C33	•

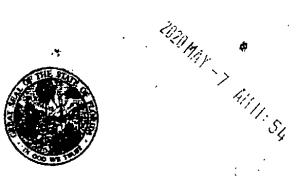
## LLC AMND/RESTATE/CORRECT OR M/MG RESIGN 3950 PROPERTY LLC

Certificate of Status	0
Ccrtified Copy	0
Page Count	02
Estimated Charge	\$25.00

Electronic Filing Menu

Corporate Filing Menu

MAY 0 8 2020



## 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 F	lorida Department
of State is:	<u> </u>
2. The Florida document/registration number assigned to this limited liability cor	mpany is:
L17000258594	
	April 8, 2020:
3. The date this member/manager withdrew/resigned or will withdraw/resign is:	
4. I; ANIA F. HERRERA , hereby withdraw/resign as (Print Name of Person Resigning)	
(Print Name of Person Resigning)	
AUTHORIZED MEMBER	
(Print Title)	
of this limited liability company and affirm the limited liability company has be resignation in writing.	been notified of my
A 10103/11	
Signature of Dissociating Member or Resigning Manager	
Filing Fee: \$25.00 (Required)	

\$30.00 (Optional)