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COVER LETTER

TO: Registration Section **Division of Corporations** 564 BRITTANY LLC SUBJECT: (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: VEDATIO, COKGORENI (Contact Person) 564 BRITTANY LLC (Firm/Company) 7067 ALISO AVE (Address) WEST PALM BEACH, FL 33413 (City/State and Zip Code) For further information concerning this matter, please call: VEDATIO, COKGOREN 561 352-4242 (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: ¥\$55 Filing Fee & Certified Copy □ \$25 Filing Fee Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee γ. Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303





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
		
2. The Florida doc 1.18000132915	ument/registration number	assigned to this limited liability company is:
3. The date this me ASHLEY COKO	ember/manager withdrew/r GOREN	esigned or will withdraw/resign is:
4. I .		, hereby withdraw/resign as a
(Print) MANAGER	'ame of Person Resigning)	
	(Print Title)	
of this limited lia resignation in wr		the limited liability company has been notified of my
04	hles	
Signature of D	ssociating Member or Res	igning Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	