118000/67690

(1	Requestor's Name)		
	Address)			
(.	Address)			
	City/State/Zip/Phor	ne #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Na	ame)		
(Document Number)				
Certified Copies	Certificate	es of Status		
Special Instructions to Filing Officer:				

Office Use Only



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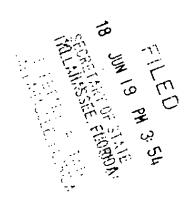
COVER LETTER

_	stration Section sion of Corporations		
SUBJECT:	Tennis 1442, LLC		
	(Name of Li	imited Liability Co	mpany)
The enclosed	d member, resignation or disso	ciation and fec(s) are submitted for filing.
Please return	n all correspondence concernin	g this matter to:	
Eric A. Jac	obs		
	(Contact Person)		_
Nexterra La	we		
	(Firm/Company)		_
1691 Michi	gan Avenue # 360		
	(Address)	_	-
Miami Bead	ch, Florida 33139		
<u></u>	(City/State and Zip Code)	<u> </u>	_
For further in	nformation concerning this man	tter, please call:	
Eric A. Jaco	obs	305 at (695-2699
(N	ame of Contact Person)		& Daytime Telephone Number)
Enclosed ple \$25 Filing	ase find a check made payable g Fee		Department of State for: g Fee & Certified Copy
Registration : Division of C Clifton Build 2661 Executi	Corporations		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

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)

	limited liability company as it appears on the records of the Florida Depnis 1442, LLC	artment
	ument/registration number assigned to this limited liability company is:	
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:	8
Eric A. Jacol		
Manager		
of this limited the resignation by Avi		l of my
Stenature of D	ssociating Member or Resigning Manager	
Filing Fee: Certified Conv	\$25.00 (Required) \$30.00 (Optional)	