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\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

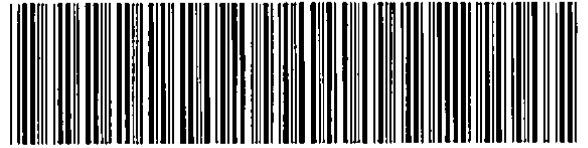
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: YL REAL ESTATE INVESTMENTS 3, LLC

(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:

LIVNE, YONATAN

(Contact Person)

(Firm/Company)

316 NW 7TH AVE

(Address)

POMPANO BEACH, FL 33060

(City/State and Zip Code)

For further information concerning this matter, please call:

YONATAN LIVNE

(Name of Contact Person)

at ( 213 )

308-5271

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**Mailing 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



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 of State is: YL REAL ESTATE INVESTMENTS 3, LLC
2. The Florida document/registration number assigned to this limited liability company is:  
L18000201879
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 1/3/2023
4. I, EHUD SIMHI, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
MANAGER  
*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.



*Ehud Simhi*

Signature of Dissociating Member or Resigning Manager

Ehud Simhi

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

FILED  
MAY 26 AM 10:00  
2023