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Florida Department of State
 Division of Corporations
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To: Division of Corporations
 Fax Number : (850) 617-6383

From: Account Name : LAW OFFICES OF OATES & OATES, P
 Account Number : I20020000104
 Phone : (954) 942-6500
 Fax Number : (954) 942-8730

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 DIVISION OF CORPORATIONS
 TALLAHASSEE, FLORIDA

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

Email Address: gerry@teamcontrinorealty.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
427 NE 24 AVE LLC

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 427 NE 24 AVE 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:

Gerry Contrino

(Contact Person)

427 NE 24 AVE LLC

(Firm/Company)

5181 NE 12 Avenue

(Address)

FL Lauderdale, FL 33334

(City/State and Zip Code)

For further information concerning this matter, please call:

Gerry Contrino

(Name of Contact Person)

954

at ()

612-5503

(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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

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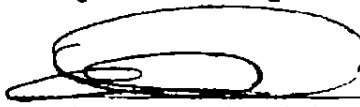
FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

18 NOV 20 AM 8:52
TALLAHASSEE, FLORIDA

**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: 427 NE 24 AVE LLC
2. The Florida document/registration number assigned to this limited liability company is:
L18000259413
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 11/05/2018
4. I, Law Offices of Oates & Oates, P.A., hereby withdraw/resign as a
(Print Name of Person Resigning)
AMBR
(Print Title)

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

 President of Law Offices of Oates & Oates P.A.
Signature of Dissociating Member or Resigning Manager

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

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