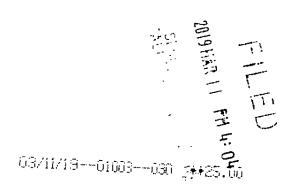
L18000284292

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
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COVER LETTER

~	stration Section sion of Corporations				
SUBJECT:	GRANDIFLORA ROAD LLC				
30333011	(Name of Limited Liability Company)				
The enclose	d member, resignation or dissoci	iation and fee(s	s) are submitted for filing.		
Please return	all correspondence concerning	this matter to:			
BRAD KUS	SKIN				
	(Contact Person)				
GRANDIFI	LORA ROAD LLC				
	(Firm/Company)		_		
4455 MILI	TARY TRAIL, STE 100				
	(Address)		_		
JUPITER,	FL 33458				
	(City/State and Zip Code)		-		
For further i	nformation concerning this matt	er, please call:			
BRAD KUS	SKIN	561	232-7899		
1)	lame of Contact Person)	(Area Code	& Daytime Telephone Number)		
Enclosed plo	ease find a cheek made payable t g Fee		Department of State for: g Fee & Certified Copy		
Registration Division of Clifton Buil 2661 Execut	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 a ANDIFLORA ROAD LLC	s it appears on the records of	of the Florida	Depai	-tment	
2. The Florida docu L1800028429	ument/registration number a	ssigned to this limited liab	ility company	is:		
3. The date this me	mber/manager withdrew/re	signed or will withdraw/res	ign is:)/2019) ———	
BRAD KUSKIN		, hereby withdraw/resign as a				
(Print N MANAGING I	ame of Person Resigning)		•			
	(Print Title)					
of this limited lia resignation in wr	bility company and affirm thing.	he limited liability company	y has been no	tified	of my	
Signature of Di	ssociating Member or Resig	gning Manager				
•	\$25.00 (Required) \$30.00 (Optional)			2019 HÁR 11 FM 4		