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2021 SEP 27 PH 1: 54 SECRETARY OF STYLE

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: 5299 KENDALL INVESTMENT LL (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:
Yorlyn Curbelo
Contact Person) (5299 Kandall Inuist. LLC) (Firm/Company)
11040 SW 63 TER (Address)
MIAMI, FL 33173 (City/State and Zip Code)
For further information concerning this matter, please call:
Volyn Curbolo at (786) 390 0697 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: S25 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 liabilit	y company as it a	ppears on the	records of th	e Florida Depart	ment
of State is:	5299	KENDAL	_ In	15STME	AT, LLC	·
2. The Florida doc	ument/registrati	ion number assigr	ed to this lin	nited liability	company is:	
		<u>0</u>	_		. /	
3. The date this me	ember/manager	withdrew/resigne	d or will with	ndraw/resign i	is: <u>9 14 2</u>	1
4. 1. VOR E1 (Print N	N SANTA lume of Person Re	NA signing)	_, hereby with	hdraw/resign	as a	
VP_	(Print Title)					
of this limited lia resignation in wr	bility company iting.	and affirm the lin	nited liability	company has	s been notified o	fmy
Signature of Di	issociating Men	nber or Resigning	Manager		SECR TAL	3
Filing Fee: Certified Copy:					ETAN GEST	The same