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| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| ((datess) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (,,,, |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office Use Only



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 $\{ (a_{ij}, a_{ij}, b_{ij}) \in \mathcal{F}_{ij} \} = \{ (a_{ij}, b_{ij}, b_{ij}) \in \mathcal{F}_{ij} \}$

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COVER LETTER

| TO: Registration Section Division of Corporations | | | | |
|---|-------------------------------------|---|--|--|
| SUBJECT: | 1 Wenty | FLOOR 7 LLC imited Liability Company) | | |
| | (NavonefofLi | imited Liability Company) | | |
| The enclosed membe | r, resignation or disso | ciation and fee(s) are submitted for filing. | | |
| Please return all corre | espondence concernin | g this matter to: | | |
| Ce | (Contact Person) | Jonzales | | |
| • | (Contact Person) | • | | |
| | | | | |
| | (Firm/Company) | | | |
| | | | | |
| 66 | 87 Festiva. | L LANE | | |
| | | | | |
| (C) | lardo 74 ity/State and Zip Code) | 22010 | | |
| For further information | | | | |
| X/ | | at (407) 271 2883 (Area Code & Daytime Telephone Number) | | |
| (Name of Co | ontact Person) | (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: | MAILING ADDRESS: | | |
| Registration Section | | Registration Section | | |
| Division of Corporation | ons | Division of Corporations | | |
| Clifton Building | | P.O. Box 6327 | | |

Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle

Tallahassee, Florida 32301



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 Fl | lorida Depai | rtment |
|---|--------------|---------------|
| of State is: Twenty Frook 7 LLC | | - |
| 2. The Florida document/registration number assigned to this limited liability con | npany is: | |
| L 19100079984 | | |
| 3. The date this member/manager withdrew/resigned or will withdraw/resign is: _ | 9.23. | 2019 |
| 4. I, OR TA VCRIDANDEZ, hereby withdraw/resign as a (Print Name of Person Resigning) | a | |
| MBR (Print Title) | | |
| of this limited liability company and affirm the limited liability company has be resignation in writing. | <i>≃⊻</i> . | of my ≅ |
| X Offer Hermand | 125 FEL. 59 | |
| Signature of Dissociating Member of Resigning Manager | | • |
| Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional) | M 8: 20 | |