## 119000114420

(Requestor's Name)						
(Address)						
(Ad	dress)					
(Cit	ty/State/Zip/Phone	e #)				
PICK-UP	MAIT	MAIL				
(Bu	siness Entity Nar	ne)				
(Do	cument Number)					
Certified Copies	Certificates	s of Status				
Certified Copies Certificates of Status						
Special Instructions to	Filing Officer:					
<u></u>						

Office Use Only



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## COVER LETTER

TO:	_	stration Section			
	Divis	sion of Corporations			
SUBJ	IECT:	Two10Eight, LLC			
		(Name of Li	mited 1	Liability Co	mpany)
The en	nclosed	d member, resignation or disso	ciatio	n and fee(	s) are submitted for filing.
Please	e returr	all correspondence concerning	g this	matter to:	
Louis A	A. Supra	aski			
		(Contact Person)	-		_
Louis A	A. Supra	aski, P.A.			
		(Firm/Company)			_
16666	N.E. 19	th Avenue, Suite 113			
		(Address)			_
North I	Miami E	Beach, Florida 33162			
		(City/State and Zip Code)			_
For fu	irther i	nformation concerning this ma	tter, p	lease call:	
Louis	A. Supra	aski	at i	305	792-0060
	(N	iame of Contact Person)		<b>`</b> ——	e & Daytime Telephone Number)
E/nclo	sed ple	ease find a check made payable	to the	e Florida l	Department of State for:
<b>5</b> D \$2.	5 Filing	g Fee		\$55 Filin	g Fee & Certified Copy
		ng Address:			Street Address:
	_	stration Section			Registration Section
		sion of Corporations Box 6327			Division of Corporations The Centre of Tallahassee
		hassee, FL 32314			2415 N. Monroe Street, Suite 810
	. 4114				Tallahassee, FL 32303

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)

	e limited liability company	as it appears on the records of	the Florida Department
2. The Florida doc L19000114420	ument/registration number	assigned to this limited liabilit	y company is:
David Galker		esigned or will withdraw/resign	
(Print ) Manager-Membe	lame of Person Resigning)	, , , , , , , , , , , , , , , , ,	,
of this limited lia resignation in wr	bility company and affirm	the limited liability company h	as been notified of my
Signature of D	ssociating Member or Resi	gning Manager	9999 [
Filing Fee:	\$25.00 (Required)		
	\$30.00 (Optional)		1
			ন
			<u>့</u>
			Q.