## L19000127570

(Requestor's Name)
(Address)
(Address)
( 100.000)
(0) 10 1 7 70
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
,
Cartifical Casins Cartificator of Status
Certified Copies Certificates of Status
Special Instructions to Filing Officer:





600419061106

11/17/23--01029--005 \*+25.00

2023 HUY 17 PM 12: 40

M. HUNT 11/17/25

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: 709 NE 79 th Street LLC (Name of Limited Liability Cor	npany)
The enclosed member, resignation or dissociation and fee(s	
Please return all correspondence concerning this matter to:	
KENNETH LYON (Contact Person)	
(Contact Person)	_
709 NE 79 Th Street LLC	2023 hay 17 PM12: 40
(Firm/Company)	
709 NE 79th Street	7 PM
(Address)	₽ # <u>*</u>
Miami FL 33/38	40
(City/State and Zip Code)	_
For further information concerning this matter, please call:	
KENNETH LYON at 305	, 216 8359
(Name of Contact Person) (Area Code	e & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida L \$25 Filing Fee  \$55 Filing	Department of State for: g 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

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)

1. The name of the limited liability company as it appears on the records of the Florida Department	ient
of State is: 709 NE 79th Street, LLC	<u> </u>
2. The Florida document/registration number assigned to this limited liability company is:	
L 19000127576	
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10 20 2	3
4. I. ABDELHAKIM MOUSLIM hereby withdraw/resign as a (Print Name of Person Resigning)	
MAR (Print Title)	
of this limited liability company and affirm the limited liability company has been notified of resignation in writing.	my
Signature of Dissociating Member or Resigning Manager	2023 KIDV 17
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	/17 PHI2