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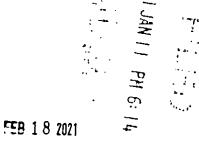
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
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S. YOUNG

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	REI	O STAR 7TH AVE LLC	
5020		(Name of Limited Liability Co	ompany)
The e	nclosed member, resignation	on or dissociation and fee(s) are submitted for filing.
Please	e return all correspondence	concerning this matter to	:
	MANISH PATEL		
	(Contact Pers	ion)	_
F	RED STAR 7TH AVE LLC		
	(Firm/Compa	uny)	_
39	10 WEST SWANN AVENUE		
	(Address)		_
TA	MPA, FL 33609		
	(City/State and Z	ip Code)	_
For fu	irther information concerni	ng this matter, please call	:
MAN	IISH PATEL	813 at (767 - 6150
	(Name of Contact Perso		e & Daytime Telephone Number)
	sed please find a check ma 5 Filing Fee	• •	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

TO:



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 RED STAR 7TH AVE LLC	s it appears on the records of the F	'lorida	Depart	iment
2. The Florida doc L190001518	•	ssigned to this limited liability cor	npany	is:	
3. The date this m	ember/manager withdrew/res	igned or will withdraw/resign is:	09/29/	/2020	
4. I, PAUL MEDR (Print) MEMBER	ANO Name of Person Resigning)	, hereby withdraw/resign as	a		
of this limited lia		ne limited liability company has be	een not	tified o	of my
				20	
Signature of D	vissociating Member or Resig	ning Manager		21 JAH	*,
_	\$25.00 (Required) \$30.00 (Optional)			11 PM 6:	AS THE