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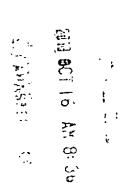
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COVER LETTER

A CONTROLL OF STREET TO: Registration Section **Division of Corporations** ENJOYMIAMI APARTMENTS LLC **SUBJECT:** (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: ANITA DEHAAN (Contact Person) (Firm/Company) 2194 W 60TH ST APT 22102 (Address) HIALEAH FL 33016 (City/State and Zip Code) For further information concerning this matter, please call: ANITA DEHAAN 786 247-5542 at ((Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: □ \$55 Filing Fee & Certified Copy ■ \$25 Filing Fee STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section

Division of Corporations

Tallahassee, Florida 32314

P.O. Box 6327

CR2E079 (2/14)

Clifton Building

Division of Corporations

2661 Executive Center Circle

Tallahassee, Florida 32301





DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	limited liability company a OYMIAMI APARTMENTS	s it appears on the records of the Florida Department S LLC
2. The Florida doc L1900019235	-	assigned to this limited liability company is:
4. I, ESTRELLA (Print N	DELIL OFFIL	signed or will withdraw/resign is:, hereby withdraw/resign as a
	(Print Title) bility company and affirm titing.	he limited liability company has been notified of my
Signature of D	issociating Member or Resi \$25.00 (Required)	gning Manager
Certified Copy:	\$30.00 (Optional)	