L19000231685

(Re	equestor's Name)	-
(Ac	ldress)	
(Ac	idress)	
(Ci	ty/State/Zip/Phone	
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Document Number)		
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SECRE DATE TO STATE

O SIMMONS FEB 26 2020

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: MIAMI COMMUNITY HANAGER
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
ALEXANDRA RIVAS de JACKSON (Contact Person)
(Firm/Company)
2514 SW 119th Terrace
Miramor, FL 33025 (City/State and Zip Code)
For further information concerning this matter, please call:
Alexandra R. Jackson at (954) 6622536 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: 25 Filing Fee & Certified Copy
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)

Tallahassee, FL 32314



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
of State is: MiAMi COMMUNITY MANAGER
2. The Florida document/registration number assigned to this limited liability company is:
<u>L19000231685</u>
3. The date this member/manager withdrew/resigned or will withdraw/resign is: $\frac{12/05/2019}{12019}$
4. I. ALEXANDIA Rivas de JACKSW hereby withdraw/resign as a (Print Name of Person Resigning)
MEMBER (MGR)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Signature of Dissociating Member or Resigning Manager
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)