L19000261495

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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> 2022 JAN 10 AH 7: 03 SEONE WAY SEE FIATE

JAN 21 2022

COVER LETTER

TO:	Registration Section Division of Corporations		
	STUDENT APARTMENTS TALLAH	ASSEE, LLC	
SUB	JECT: (Name of Limit	ed Liability Comp	any)
The	enclosed member, resignation or dissocia	tion and fee(s)	are submitted for filing.
Pleas	se return all correspondence concerning t	his matter to:	
Могт	is Rotenstein		
	(Contact Person)		
STU	DENT APARTMENTS TALLAHASSEE, LLC		
	(Firm/Company)		
7550	Futures Drive Suite 304		
	(Address)		
Orla	indo, FL 32819		
	(City/State and Zip Code)		
For	further information concerning this matt	er, please call:	
Mo	rris Rotenstein	646 at (34 2 -5094
	(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
	closed please find a check made payable \$25 Filing Fee	to the Florida I	Department of State for: g Fee & Certified Copy
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



FILED

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SECRETARY OF STATE TALLAHASSEE, FL

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)

	to Cabo Florida Department
1. The name of the limit	ed liability company as it appears on the records of the Florida Department
STUDENT	APARTMENTS TALLAHASSEE, LLC
of State is:	
2. The Florida documen	nt/registration number assigned to this limited liability company is:
L19000261495	·
	1/1/2022
3. The date this member	r/manager withdrew/resigned or will withdraw/resign is:
Moshe Greenberg	, hereby withdraw/resign as a
4. I, Print Name	of Person Resigning)
MGR	
	nt Title)
of this limited liabilit	y company and affirm the limited liability company has been notified of my
resignation in writin	p.
G	
Signature of Disso	ciating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)