## L200000 49018

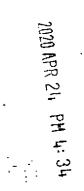
(Requestor's Name)			
(Address)			
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PICK-UP WAIT MAIL			
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DISS/Resign

## **COVER LETTER**

TO: Registration Section Division of Corporations 500 URBAN WAREHOUSE 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: DORON BROMAN (Contact Person) 500 URBAN WAREHOUSE LLC (Firm/Company) 501 SW 2ND AVENUE SUITE A (Address) FORT LAUDERDALE FLORIDA 33301 (City/State and Zip Code) For further information concerning this matter, please call: JOSELYN RUIZ 954 (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 Address: Mailing Address: Registration Section Registration Section Division of Corporations **Division of Corporations** The Centre of Tallahassee P.O. Box 6327

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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)

	• • •	as it appears on the records of the Florida	-
of State is:	RBAN WAREHOUSE LLC		·
2. The Florida doci	ument/registration number	assigned to this limited liability company	is:
L20000049018			
3. The date this me	mber/manager withdrew/ro	esigned or will withdraw/resign is:	)20
4. I, OPHIRA CUKIERMAN (Print Name of Person Resigning)		, hereby withdraw/resign as a	
(Print N	ame of Person Resigning)		
MANAGER			
	(Print Title)		
of this limited lia resignation in wr		the limited liability company has been not	ified of my
Ophira Cu	ekierman		
Signature of D	issociating Member or Res	igning Manager	
Filing Fee:	\$25.00 (Required)		207
	\$30.00 (Optional)		4 07