

L21000200189

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

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MAIL

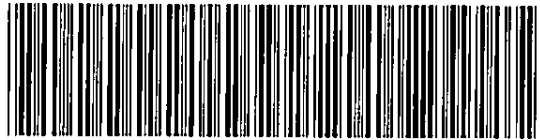
(Business Entity Name)

(Document Number)

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*[Handwritten signature]*

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Miami Palms, LLC.

(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:

Gary I. Handin, Esq.

(Contact Person)

Gary I. Handin, P.A.

(Firm/Company)

3111 University Drive #605

(Address)

Coral Springs, Florida 33065

(City/State and Zip Code)

For further information concerning this matter, please call:

Gary I. Handin at (954) 796-9600  
(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 ☒ \$55 Filing 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

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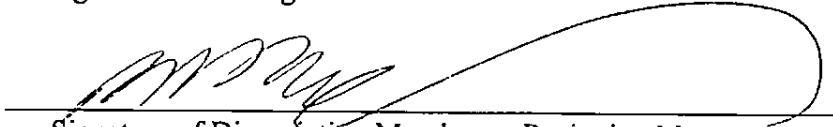


FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**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 PALMS, LLC.
2. The Florida document/registration number assigned to this limited liability company is:  
L21000200189
3. The date this member/manager withdrew/resigned or will withdraw/resign is: February 6, 2023
4. I, Rabea Almallak, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
Manager/Authorized Member  
*(Print Title)*

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)

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DIVISION OF CORPORATIONS