h22 000275122

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COVER LETTER

TO:	Registration Section Division of Corporations		•
	•		
SUBJ	FORDHAM 009, LLC JECT:		
	(Name of l	Limited Liability Co	ompany)
The e	enclosed member, resignation or diss	ociation and feet	(s) are submitted for filing.
Please	e return all correspondence concerni	ng this matter to	:
MAL	COLM FORDHAM		
	(Contact Person)		_
FORE	DHAM 009, LLC		,
	(Firm/Company)		, , , , , , , , , , , , , , , , , ,
205 S	W 28 STREET		
	(Address)		
FORT	ΓLAUDERDALE, FLORIDA 33315		·· -
	(City/State and Zip Code)		
For f	urther information concerning this m	natter, please call	1:
MAL	COLM FORDHAM	954 at (646-2489
	(Name of Contact Person)	(Area Coo	de & Daytime Telephone Number)
	osed please find a check made payab 25 Filing Fee	ole to the Florida	Department of State for: ng 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

CR2E079 (2/14)



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)

	limited liability company a	s it appears on the records o	of the Florida Department
2. The Florida docu L22000275122	iment/registration number a	assigned to this limited liabi	lity company is:
HEGEOR HIVE	DE7 111	signed or will withdraw/resi	
AMBR (AUTHO	ame of Person Resigning) RIZED MEMBER) (Print Title)		
of this limited lial resignation in wr		he limited liability company	y has been notified of my
Cl	ex	,	7.20 7.20 7.20
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)	gning Manager	(C) (