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(Re	equestor's Name)	
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## : COVER LÉTTÉR

Division of Corporations
SUBJECT: Platinum Palms Realty 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:
Edyar Broche (Contact Person)
Platinum Palms Realty (Firm/Company)
SZ41 NN 165th Terrace.
Miami Lakes, Florada 33016
(City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (786) 451 - 7223  (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  \$25 Filing Fee \$\sum \\$55 Filing Fee & Certified Copy
Mailing Address:  Registration Section  Street Address:  Registration Section

Division of Corporations
The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E079 (2/14)

Division of Corporations

Tallahassee, FL 32314

P.O. Box 6327



## 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 com	pany as it a	appears on	the records of the	Florida Dej	partment
of State is:	atmum Palms	Realty	LLC			· ,
2. The Florida doc	ument/registration nu 18053	mber assig	ned to this	limited liability o	company is:	
3. The date this me	mber/manager withd	rew/resign	ed or will w	/ithdraw/resign is	s: <u>2/14</u>	/24
4. I, <u>Verek</u> (Print N AMBE	Nunez Jame of Person Resigning		, hereby v	vithdraw/resign a	as a transfer of the second se	
of this limited lia resignation in wr	bility company and a	ffirm the li	mited liabil	ity company has	been notifie	d of my
Signature of Di	ssociating Member o	r Resignin	g Manager			
Filing Fee: Certified Copy:	\$25.00 (Required \$30.00 (Optional)	•				