L29000433936

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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000432740340





COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: EISE 489 HOLDINGS LLC	
(Name of Lin	nited Liability Company)
The enclosed member, resignation or dissoci	iation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
Omar Salch	
(Contact Person)	
Florida Legal Consulitng, P.A.	
(Firm/Company)	
9000 NW 44th Street Ste. 255	
(Address)	
Sunrise, FL 33351	
(City/State and Zip Code)	
For further information concerning this mate	er, please cail:
Omar Saleh	954 305-5454 _ at ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable t	
□ \$25 Filing Fee	□ \$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations P.O. Box 6327	Division of Corporations
Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 816
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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)

		s it appears on the records of the Florida l	Department
of State is:	409 HOUSING'S FISC		.
L23000433936	ument/registration number a	assigned to this limited liability company	is:
		signed or will withdraw/resign is:	
4. I	i 	, hereby withdraw/resign as a	
(Print N	lame of Person Resigning)		
Member			
	(Print Title)		
of this limited lia resignation in wr	bility company and affirm thiting.	he limited liability company has been noti	ified of my
			2021
Signature of D	issociating Member or Resig	gning Manager	.— .
			 U
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)		
Certified Copy:	\$30.00 (Optional)		
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CR2E079 (2/14)