

L240000 AS0562

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

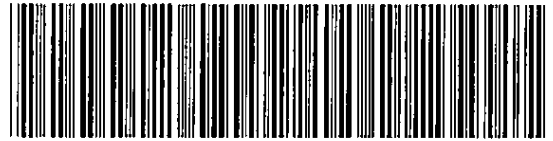
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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SOUTH MIAMI 209,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:

PATRICIA AROSEMENA ROMERO

\_\_\_\_\_  
(Contact Person)

SOUTH MIAMI 209, LLC

\_\_\_\_\_  
(Firm/Company)

6701 SUNSET DRIVE SUITE 209

\_\_\_\_\_  
(Address)

SOUTH MIAMI, FL 33143

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

PATRICIA AROSEMENA ROMERO                      786                      202-0155  
\_\_\_\_\_  
(Name of Contact Person)                      at (                      )                      (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



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FILED  
2024 AUG 12 PM 12:10  
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: SOUTH MIAMI 209, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L24000280562

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 7-25-2024

4. I, GLORIA NUNEZ TURKEL, hereby withdraw/resign as a  
(Print Name of Person Resigning)

AMBR

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Gloria Nunez Turkel AMBR  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

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(City/State and Zip Code)

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\_\_\_\_\_  
(Name of Contact Person)

at ( 786 )

202-0155

\_\_\_\_\_  
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(Print Name of Person Resigning)

AMBR

(Print Title)

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*Gloria Nunez Turkel*  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)