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(Re	questor's Name)			
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Certified Copies	_ Certificate	s of Status		
Special Instructions to Filing Officer:				





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SEP 30 20Th J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: CONCOURSE PLAZA IV, LIMITED LIAI	
(Name of Limited Liability Co	ompany)
The enclosed member, resignation or dissociation and fee	(s) are submitted for filing.
Please return all correspondence concerning this matter to	:
SERGIO BROK	
(Contact Person)	_
(Firm/Company)	_
4151 NW 2nd AVE	
(Address)	
MIAMI, FL 33127	
(City/State and Zip Code)	_
For further information concerning this matter, please call	:
SERGIO BROK 305	613-9470
	e & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida \$25 Filing Fee \$55 Filing	Department of State for: g Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

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)

1. The name of the	limited liability company as	it appears on the records of the Florida Dep	partmen	t
of State is: CO	NCOURSE PLAZA IV, LIM	ITED LIABILITY COMPANY		
2. The Florida doc L9400000052	•	signed to this limited liability company is:		
3. The date this me	ember/manager withdrew/resi	gned or will withdraw/resign is:	16	
4. I, SERGIO BR	ROK	hereby withdraw/resign as a		
(Print !	Name of Person Resigning)	, hereby withdraw/resign as a		
DIRECTOR				
	(Print Title)			
of this limited lia resignation in wi		e limited liability company has been notifie	d of my	
resignation in wi		\	16 SEP 2	A CONTROL OF THE PARTY OF THE P
Signature of Dissociating Member or Resigning Manager			29	
			3	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		% 39	STATE