

1 99 00000 1882

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

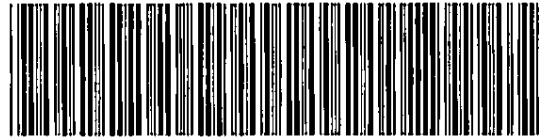
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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19 JUN -5 AM 8:09  
TALLAHASSEE, FLORIDA

JUN 20 2019  
S. YOUNG

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Third Avenue Holdings, LLC

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed ~~Articles of Amendment~~ and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Amy Goldin

\_\_\_\_\_  
Name of Person

Amy H. Goldin, P.A.

\_\_\_\_\_  
Firm/Company

1801 SE 3rd Avenue, #200

\_\_\_\_\_  
Address

Ft. Lauderdale, FL 33316

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

dockshrock@gmail.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Amy Goldin

954 9156949

at ( )

\_\_\_\_\_  
Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &  
Certificate of Status

☐ \$55.00 Filing Fee &  
Certified Copy  
(additional copy is enclosed)

☐ \$60.00 Filing Fee,  
Certificate of Status &  
Certified Copy  
(additional copy is enclosed)

### MAILING ADDRESS:

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

### STREET/COURIER ADDRESS:

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



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: THIRD AVENUE HOLDINGS, L.L.C.

2. The Florida document/registration number assigned to this limited liability company is:  
65-0930095

3. The date this member/manager withdrew/resigned or will withdraw/resign is: \_\_\_\_\_

4. I, SUSAN P. GOLDSTEIN, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

MANAGING MEMBER

*(Print Title)*

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

Signature of Dissociating Member or Resigning Manager

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

FILED  
19 JUN -5 AM 9:09  
TALLAHASSEE, FLORIDA