L99000004467

(Re	questor's Name)	
(,	
(Ad	ldress)	
(Ad	Idress)	
(Cil	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	Certificate	e of Status
Special Instructions to	Filing Officer:	
opeoiai matruottona to	Timing Officer.	
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Office Use Only



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PILEU 1012 DEC -3 AN II: 3 SECRETARY OF STATE .

N. Culligan DEC - 4 2012

COVER LETTER

Division of Corporations	•
77.53	
SUBJECT: 7353 NW 4th ST	d Liability Company)
(Name of Limite	d Liability Company)
The enclosed member, managing member or managing.	anager resignation and fee(s) are submitted for
Please return all correspondence concerning th	is matter to:
AUGU SKLAVER MD (Contact Person)	
(Contact Person)	
1 8) N 1 3 4 3	· 2011
10: Registation & (Firm/Company)	
De is on sittle grountees.	
7353 NW 44h ST (Address)	
(Address)	· · · · · · · · · · · · · · · · · · ·
PLANTATION EL 33317 Control of the City/State and Zip Gode) Control	
City/State and Zip Code) (City/State and Zip Code) (City/State and Zip Code)	
For further information concerning this matter	, please call:
Burn walk to be a second to the	
ALLON SKLAVER	at (954) 5846320
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Constant	, ., _
Enclosed please find a check made payable to	
\$25 Filing Fee	□ \$55 Filing Fee &
A contract of the Company	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	
CR2E079 (5/06)	

tole of please find a check made payable in the Ericulo in 2825 Films Fee.

None of the Estimate

FILED 2012 DEC -3 AM II: 33

STREET COURTER ADDRESS:

CR2E079 (5/06)



SECRETARY OF STATE TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1	m Mo Colombia	:	and the second of the second o	is the proof of the	am Dopasti	,
I. The name of the of State is:	limited liability c	ompany as it app	sears on the recor	rds of the Flori	ida Departme	ent
2. This limited liab	oility company was	s organized unde	er the laws of:			
STATE	OF FLORI	DA				
3. The Florida doc	ument/registration	number of this	limited liability c	company is:		
L9	9000044	467	in the second		10000000000000000000000000000000000000	
4. I, Print N	ES MORRI	S PHANTA	. hereby resign as	s a	25%; =	,
Print N	lame of Person Resig	ning)	, ,g	(Prin	ıt Title)	MANAGER
resignation in wr	🗸 . II od haistaty c		•	pany has been	notified of n	ny
Jan	ne Mor	MD)				
Signature of Res	igning ⁽ Member, N	Managing Memb	er or Manager			
•	* .**					
Filing Fee:	\$25.00 (Requ	ired)				
Certified Copy:	•	,				