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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	





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OCT OF 2016 J. HARRIS

COVER LETTER

_	stration Section sion of Corporations		
SUBJECT:	Palmetto Jolley Acres Opera	ating, LLC	
00000011		ited Liability Con	npany)
The enclosed	d member, resignation or dissoci	ation and fee(s) are submitted for filing.
Please return	n all correspondence concerning	this matter to:	
Michael I. I	Bernstein, Esq.		
	(Contact Person)		-
The Bernst	tein Law Firm		
	(Firm/Company)		_
3050 Bisca	ayne Boulevard, Suite 403		_
	(Address)		-
Miami, FL	33137		
	(City/State and Zip Code)		-
For further i	information concerning this matt	er, please call:	
Michael I.	Bernstein, Esq.	305 at (672-9544
(1)	Name of Contact Person)		& Daytime Telephone Number)
Enclosed ploma \$25 Filin	ease find a check made payable t g Fee		Department of State for: 3 Fee & Certified Copy
Registration Division of Clifton Buil 2661 Execu	Corporations		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)

	limited liability company a netto Jolley Acres Operat	s it appears on the records of the Florida Department ting, LLC	
2. The Florida doc M060000054	_	assigned to this limited liability company is:	
		signed or will withdraw/resign is:	
4. I, Avi Klein		haraby withdraw/racian as a	
4. t,(Print N	lame of Person Resigning)	, hereby withdraw/resign as a	
Manager (MC			
	(Print Title)		
of this limited lia resignation in wi		he limited liability company has been notified of my	CIVINO
Signature of D	issociating Member or Resi	gning Manager မှ	
	\$25.00 (Required) \$30.00 (Optional)	P# 12:	W CURPORAT