

M13 000000 4164

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

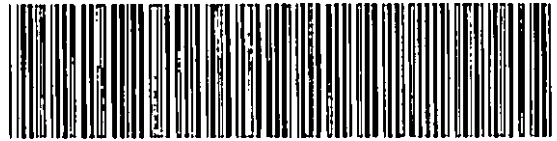
Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Added date per Yanina Miazitzki

Office Use Only

6-18-19  
DC



700329928217

700329928217  
05/24/19--01020--014 \*\*75.00

2019 MAY 24 PM 1:09  
FILED  
INTERNATIONAL REGISTRATION

JUN 11 2019

**COVER LETTER**

TO: Registration Section  
Division of Corporations

SUBJECT: 2775 MANDARINE, 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:

Yanina Miculitzki, Esquire

(Contact Person)

Yanina Miculitzki, P.A.

(Firm/Company)

2999 N.E. 191 ST, Suite 403,

(Address)

Aventura, FL, 33180

(City/State and Zip Code)

For further information concerning this matter, please call:

Yanina Miculitzki

(Name of Contact Person)

at ( 786 ) 361-5567

(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

**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



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: 2775 MANDARINE, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
M13000004164

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 05-17-19

4. I, Abraham Cababie Daniel, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
Manager  
*(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  
2019 MAY 24 PM 1:49  
TALLAHASSEE, FLORIDA