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COVER LETTER

Division of Corporations		
SUBJECT: WYNWOOD SPACES, LL	 © -	
(Name of L	imited Liability Com	ipany)
The enclosed member, resignation or disso	 ciation and fee(s]) are submitted for filing.
Please return all correspondence concerning	g 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 ma	l itter, please call:	
Yanina Miculitzki	786	361-5567
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable ■ \$25 Filing Fee		repartment of State for: 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)

	limited liability compar WOOD SPACES, LL	ny as it appears on the records of the Florida Department C
2. The Florida docu M1400000710	_	per assigned to this limited liability company is:
4. I,	-	v/resigned or will withdraw/resign is:, hereby withdraw/resign as a
Manager	Print Title)	<u> </u>
of this limited liab resignation in wri		rm the limited liability company has been notified of my
Signature of Di	ssocia ting Member or R	pine)
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	

CR2E079 (2/14)