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(Red	questor's Name)	
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(City	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
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COVER LETTER

_	stration Section sion of Corporations		
SUBJECT:	SN 1124 LLC (Name of Limite	ed Liability Cor	nnanv)
	(Name of Limite	of islability Con	npany /
The enclosed	d member, resignation or dissociat	ion and fee(s	a) are submitted for filing.
Please return	n all correspondence concerning th	is matter to:	
ROBERT A	. FEINGOLD, ESQ		
	(Contact Person)		_
R/A FEING	OLD LAW & CONSULTING, P	A	
-	(Firm/Company)		_
401 E. Las	Olas BOULEVARD, SUITE 14	00	
	(Address)		_
Fort Laude	rdale, FL 33301		
	(City/State and Zip Code)		_
For further is	nformation concerning this matter	, please call:	
ROBERT A	. FEINGOLD	954 at (967.2575
(N	lame of Contact Person)	\	& Daytime Telephone Number)
Enclosed ple □ \$25 Filing	ease find a check made payable to g Fee		Department of State for: g Fee & Certified Copy
	OURIER ADDRESS:		MAILING ADDRESS:
Registration	Section Corporations		Registration Section
Clifton Build	•		Division of Corporations P.O. Box 6327
2661 Execut	ive Center Circle Florida 32301		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)

	e limited liability company as	s it appears on the records	of the Florida Department
2. The Florida doc M160000062	ument/registration number as	ssigned to this limited liab	oility company is:
3. The date this m	ember/manager withdrew/res	igned or will withdraw/re	esign is:
4. I.	У	hereby withdraw/re	esion as a
	Name of Person Resigning)		vo 15.11 11.0 11.
MANAGER			
	(Print Title)		
resignation in w	ability company and affirm the riting. Some Carrey Prince of Resignation (Carrey Prince)	•	ny has been notified of my
Signature of D	issociating Member or Resig	ning Manager	19 SECH FALLA
Filing Fee:	\$25.00 (Required)		類 星 カ
Certified Copy:	\$30.00 (Optional)		-5 AM 8: 4 SSEE FLORID SSEE FLORID