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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: SN 1067 LLC		
(Name of Limited I	iability Com	pany)
The enclosed member, resignation or dissociation	and fee(s)	are submitted for filing.
Please return all correspondence concerning this	matter to:	
ROBERT A. FEINGOLD, ESQ		
(Contact Person)		
R/A FEINGOLD LAW & CONSULTING, PA		
(Firm/Company)		
401 E. Las Olas BOULEVARD, SUITE 1400		
(Address)		
Fort Lauderdale, FL 33301		
(City/State and Zip Code)		
For further information concerning this matter, pl	lease call:	
	954	967.2575
		& Daytime Telephone Number)
Enclosed please find a check made payable to the ☐ \$25 Filing Fee		epartment of State for: Fee & Certified Copy
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section Division of Corporations		Registration Section Division of Corporations
Clifton Building		P.O. Box 6327
2661 Executive Center Circle Tallahassee, 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)

	limited liability company as	it appears on the records of the Flo	orida Dep	oartme	ent
	ument/registration number as	ssigned to this limited liability com	pany is:		
3. The date this me	ember/manager withdrew/res	igned or will withdraw/resign is:	6.01.20 ⁻	19	_
4. I. <u>James Torre</u>	y 'ame of Person Resigning)	, hereby withdraw/resign as a			
MANAGER					
-	(Print Title)				
of this limited lia resignation in wr	bility company and affirm th	e limited liability company has bee	n notifie	d of n	ay
Signature of Di	mes area Member or Resign	Nongu ning Manager	SECKE TALL AH	19 JUN	
	\$25.00 (Required) \$30.00 (Optional)		ASSEEL FLORID	N-5 AH 8:42	FILED