

**M17 00000 7418**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

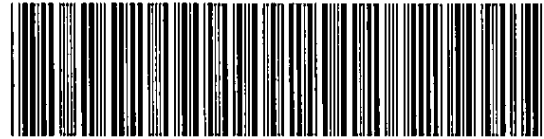
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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JUN 21 2019

TELEORDER

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SN 1474 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:

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, please call:

ROBERT A. FEINGOLD

\_\_\_\_\_  
(Name of Contact Person)

at ( 954 ) 967.2575

\_\_\_\_\_  
(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: SN 1474 LLC

2. The Florida document/registration number assigned to this limited liability company is: M17000007418

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 06.01.2019

4. I, James Torrey, 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.

*James Torrey Manager*  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

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