

L14000013152

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

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

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

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

☐

PICK-UP

☐

WAIT

☐

MAIL

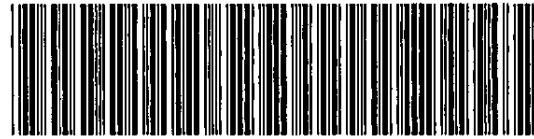
\_\_\_\_\_  
(Business Entity Name)

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

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

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2017 JAN 20 PM 12:09  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY

JAN 24 2017

**MUROFF, MILESTONE AND MILESTONE**  
ATTORNEYS AT LAW

NEIL A. MILESTONE  
neil@mmmtitle.com

JAN MILESTONE  
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MELVIN I. MUROFF  
(1917-1992)

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2999 NORTHEAST 191st STREET  
AVENTURA, FLORIDA 33180  
TELEPHONE (305) 682-2324  
BROWARD (954) 454-4522  
FAX (305) 682-2327

January 18, 2017

Via: Fedex

Registration Section  
Divisions of Corporations  
Clifton Building  
2661 Executive Center Cir.  
Tallahassee, FL 32301

RE: Oceana 2107 LLC

Dear Sir/Madam:


Enclosed please find the Resignation of Member Form and Articles of Amendment for the above-referenced company for filing.

Also enclosed please find a check for \$50.00 for the filing fee.

Please feel free to contact me if you have any questions.

Thank you for your anticipated cooperation.

Very truly yours,

  
JAN MILESTONE  
JM:mt  
Encls.

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Oceana 2107 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:

Jan Milestone, Esquire

(Contact Person)

Muroff, Milestone & Milestone

(Firm/Company)

2999 NE 191st Street, Suite 709

(Address)

Aventura, FL 33180

(City/State and Zip Code)

For further information concerning this matter, please call:

Jan Milestone, Esq.

(Name of Contact Person)

at ( 305 ) 682-2324

(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



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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: Oceana 2107 LLC
2. The Florida document/registration number assigned to this limited liability company is:  
L14000013152
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 01/06/2017
4. I, Tatiana Legkaia, 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)