

LD20000004822

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

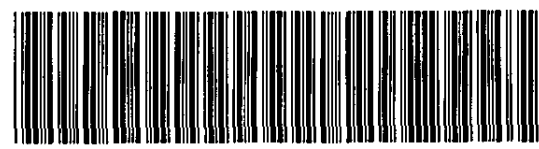
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 APR 11 PM 12:49

Res/mgmm
@ 4.17.14

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The Oaks Housing Associates, 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:

Adam Perna

(Contact Person)

(Firm/Company)

121 SW Morrison Street, Suite 1300

(Address)

Portland, OR 97204

(City/State and Zip Code)

For further information concerning this matter, please call:

Adam Perna

(Name of Contact Person)

at (503) 808-1322

(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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 APR 11 PM 12:49

**RESIGNATION OR DISSOCIATION OF MEMBER, MANAGER FROM
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: The Oaks Housing Associates, LLC

2. The Florida document/registration number of this limited liability company is:
L02000004822

3. The date this member withdrew or will withdraw is: _____

4. I, Adam Perna, hereby resign as a General Partner
(Print Name of Person Resigning) *(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Resigning or Dissociating Manager, Member

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

AFFIDAVIT

STATE OF OREGON

)

)

COUNTY OF MULTNOMAH

)

Before me, the undersigned notary public, this day personally appeared Adam Perna, to me known, who being duly sworn according to law, deposes and says that:

I, Adam Perna represent as follows:

The Oaks Housing Associates, LLC is a limited liability company formed in Florida on February 28, 2002. It's Florida Department of State Division of Corporations Document Number is L02000004822.

Due to a clerical error, I am currently listed as the General Partner of The Oaks Housing Associates, LLC on the entity records at the Florida Department of State Division of Corporations. At no time was I, individually, the General Partner of this entity.

I state that the above statements are true to my knowledge, information and belief.

By: _____

Adam Perna

Subscribed and sworn to before me

This 9 day of April, 2014.

Barbara Ann West

Notary Public

My Commission Expires: April 20, 2015

