

1/29/23, 6:47 PM

Division of Corporations

LO50000321007

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000037545 3)))



H23000037545ABC5

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : J. KEVIN DRAKE, P.A.  
Account Number : I20020000002  
Phone : (941)954-7750  
Fax Number : (941)951-1509

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
ORIOLE CENTER, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

2023 JAN 30 AM 11:42

Electronic Filing Menu

Corporate Filing Menu

Help

2023 JAN 30 AM 11:42

JAN 31 2023

T. LEMIEUX

### COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ORIOLE CENTER, 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:

J. KEVIN DRAKE, ESQ.

(Contact Person)

J. KEVIN DRAKE, P.A.

(Firm/Company)

1432 FIRST STREET

(Address)

SARASOTA, FL 34236

(City/State and Zip Code)

For further information concerning this matter, please call:

J. KEVIN DRAKE

(Name of Contact Person)

at 941 954-7750 X 108  
(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

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



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: ORIOLE CENTER, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L05000032667

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 1/1/2023

4. I, Bill J. Morse, Trustee of the Bill J. Morse Trust, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
MEMBER  
*(Print Title)*

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

*Bill J. Morse*  
Signature of Dissociating Member or Resigning Manager

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

2023 JAN 30 AM 11:42  
REC'D