

1/29/23, 6:47 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : J. KEVIN DRAKE, P.A.
Account Number : 120020000002
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
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Electronic Filing Menu

Corporate Filing Menu

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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

941 954-7750 X 108
at ()

(Name of Contact Person)

(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.

A handwritten signature in cursive script, appearing to read "Bill J. Morse", is written over a horizontal line.

Signature of Dissociating Member or Resigning Manager

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

2023 JAN 30 AM 11:42