

LO7000 113 230

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

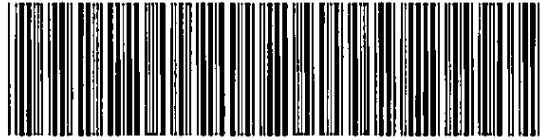
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700327613587

04/16/19--01023--002 ♦\$25.00

R. WHITE
MAY 17 2019

FILED
2019 APR 16 PM 4:45
CLERK OF COURT

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OVIDIO PROPERTIES, 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:

MITCHEL DIAZ

(Contact Person)

OVIDIO PROPERTIES, LLC

(Firm/Company)

5960 THOMAS STREET

(Address)

HOLLYWOOD FL 33021

(City/State and Zip Code)

For further information concerning this matter, please call:

MITCHEL DIAZ

(Name of Contact Person)

at (954) _____

(Area Code & Daytime Telephone Number)

504-2317

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



2019 APR 16 PM 4:45

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: OVIDIO PROPERTIES, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L07000113230

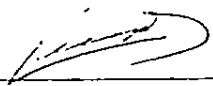
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 4/11/2019

4. I, LUISA DUENAS, 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.



Signature of Dissociating Member or Resigning Manager

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