# L08000110632

(Re	equestor's Name)	
(Ad	dress)	
(Ad	ldress)	
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		
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SECRETARY OF STATE

FEB 1 4 2014

T. BROWN

#### **COVER LETTER**

**TO:** Registration Section Division of Corporations

SUBJECT: OCOEE DEVELOPMENTS, 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:

### SHAMAN FORADI

(Contact Person)

## OCOEE DEVELOPMENTS, LLC

(Firm/Company)

11318 Winston Willow Ct

(Address)

Windermere, Florida 34786

(City/State and Zip Code)

For further information concerning this matter, please call:

Shaman Foradi

...321

695-2226

(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

#### 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

CR2E079 (12/13)





# FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it a of State is: OCOEE DEVELOPMENTS,	
2. The Florida document/registration number of th L08000110632	is limited liability company is:
L08000 110032	atomos*
3. The date this member withdrew or will withdraw	w is: JANUARY 30, 2014
4. I, Shaman Foradi	_, hereby resign as a MGRM
(Print Name of Person Resigning)	(Print Title)
of this limited liability company and affirm the li resignation in writing.	mited liability company has been notified of my
All Var.	
Signature of Resigning or Dissociating Manag	ger, Member
Filing Fee: \$25.00 (Required)	
Certified Copy: \$30.00 (Optional)	