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J. HARRIS

## **COVER LETTER**

TO: Regis	stration Section		
Divis	sion of Corporations		
SUBJECT:	OCLA LLC		
	(Name of Lim	ited Liability Con	npany)
The enclosed	l member, resignation or dissoci	ation and fee(s	) are submitted for filing.
Please return	all correspondence concerning	this matter to:	
Robert L. J	amerson, Jr., Esq.		
	(Contact Person)		-
Robert L. J	amerson, Jr., P.A.		
	(Firm/Company)		-
2655 S. Le	Jeune Road, Suite 317		
	(Address)		-
Coral Gable	es, FL 33134		
	(City/State and Zip Code)		-
For further in	nformation concerning this matte	er, please call:	
Robert Jam	nerson	305	448-1297
(N	ame of Contact Person)		& Daytime Telephone Number)
Enclosed ple \$25 Filing	ase find a check made payable to Fee		repartment of State for: Fee & Certified Copy
Registration Division of C Clifton Build 2661 Execut	Corporations		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)



## 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 of State is: OC	LA LLC	it appears on the records of th	ne Florida Department
2. The Florida doc L0900000809		ssigned to this limited liability	company is:
	Cueli Name of Person Resigning)	igned or will withdraw/resign , hereby withdraw/resign	
-	(Print Title) ability company and affirm the	e limited liability company has	s been notified of my
Filing Fee:	issociating Member or Resign \$25.00 (Required) \$30.00 (Optional)	ning Manager	2#17 DCC 21 Pr4 4: 3