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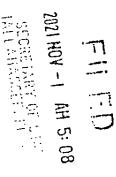
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
J. HORNE NOV 16 2021
MO.

Office Use Only



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11/01/21--01047--018 **55.00





7501 NW 4th St, Suite 203 Plantation, Florida 33317 Phone: (954)272-6116

Fax: (954)272-6117

Website: www.OntiveroLaw.com

October 27, 2021

P.O. Box 6327

Re:

Registration Section
Division of Corporations

File No.: 21-163

Practice Areas:

Foreclosure Defense

HOA/Condo Owner Representation

Commercial Litigation

Corporate Law

Civil Litigation

Property Title Closings

Short Sale Processing







Tallahassee, FL 32314

To Whom it May Concern,

I hope this letter finds you well. Enclosed please find our trust account check no.: 1408 in the amount of \$55.00 for the fees associated with obtaining a certified copy and recording the following document (enclosed):

Dissociation or Resignation of Member, Manager from Florida or Foreign Limited Liability Company

RESIGNATION OF MEMBER/MANAGER OF DAERAC 711 LLC

Please provide certified copy and record same.

Certified copy of recorded document can be mailed to us at the following address:

Ontivero Law & Title, P.A. Attn: Kara Helbig 7501 NW 4th Street Suite 203 Plantation, FL 33317

If you have any questions or require further documentation, please do not hesitate to contact me directly. I kindly thank you in advance for your assistance with this matter.

Kind regards,

Kara Helbig Paralegal

COVER LETTER

Division of Corporations	
DAERAC 711 LLC SUBJECT:	
	ed Liability Company)
The enclosed member, resignation or dissociat	tion and fee(s) are submitted for filing.
Please return all correspondence concerning th	nis matter to:
RENE L. ARRENDONDO	
(Contact Person)	
DAERAC 711 LLC	
(Firm/Company)	
1524 WHITEHALL DRIVE #303	
(Address)	
DAVIE, FL 33324	
(City/State and Zip Code)	
For further information concerning this matter	, please call:
RENE L. ARREDONDO	954 394-0868 at ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to □ \$25 Filing Fee	the Florida Department of State for: \$\sum \\$55 \text{Filing Fee & Certified Copy}\$
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallabassee, FL 32303



FILED

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SECRETARY OF STATINGLE AHASSEE, FIRE

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)

	Himited liability company as it appears on the records of the Florida Department
2. The Florida doc	ument/registration number assigned to this limited liability company is:
3. The date this mo	ember/manager withdrew/resigned or will withdraw/resign is:
4. I,	, hereby withdraw/resign as a signing)
MANAGER	
	(Print Title)
of this limited lia resignation in w	bility company and affirm the limited liability company has been notified of my iting.
Druu	ı.l
Signature of D	1. issociating Member or Resigning Manager
•	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)