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COVER LETTER

Division of Corporations
SUBJECT: 3804 PARAMOUNT BAY 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:
BALBARA SANJURIO ESQ (Contact Person)
BARBARA SANJUAJO PA (Firm/Company)
2630 SW28 STREET, SVITE 61
Miani Flouda 33133 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (305) 370.3990 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\Begin{align*} \Begin{align*} \Pi \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

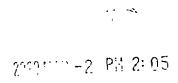
2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314

TO: Registration Section





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)

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	mited liability company as it appears on the records of the Florida Department BOY PARAMOUNT BAY LLC
2. The Florida docum	nent/registration number assigned to this limited liability company is:
	ber/manager withdrew/resigned or will withdraw/resign is: Necessian 13, 201
4. I. OLAY RE	e of Person Resigning). hereby withdraw/resign as a
<u>MANAGE</u>	rint Title)
of this limited liabil	lity company and affirm the limited liability company has been notified of my ng.
What	N. Rednik
Signature of Diss	ociating Member or Resigning Manager
Filing Fee: Certified Copy:	· •