4200096673

| (Re | equestor's Name) | | | | |
|---|-------------------|-------------|--|--|--|
| (Address) | | | | | |
| (Ac | ddress) | | | | |
| (Ci | ty/State/Zip/Phon | e #) | | | |
| PICK-UP | ☐ WAIT | MAIL | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies | _ Certificate | s of Status | | | |
| Special Instructions to Filing Officer: | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

Office Use Only



300260749523

06/02/14--01023--025 **25.00

2014 JUN - 3 A 1: 2 SECRETARY OF STATE

JUN 12 2015

COVER LETTER

TO:

CR2E079 (2/14)

Registration Section

| Divis | ion of Corporations | | | | |
|-----------------------------|--|------------------|---|--|--|
| SUBJECT: | OAKLAND PARK OFFICE | HOLDINGS L | LC | | |
| | (Name of Limited Liability Company) | | | | |
| The enclosed | l member, resignation or dissoc | iation and fee(| s) are submitted for filing. | | |
| Please return | all correspondence concerning | this matter to: | | | |
| Lily Zhong | | | | | |
| | (Contact Person) | | _ | | |
| Oakland Of | fice Holdings LLC | | | | |
| | (Firm/Company) | | _ | | |
| 1620 W. Oa | akland Park Blvd. Suite 400 | | | | |
| | (Address) | | _ | | |
| Fort Laude | rdale, FL 33311 | | | | |
| | (City/State and Zip Code) | | _ | | |
| For further in | formation concerning this matt | er, please call: | | | |
| Lily Zhong | | 317 _ at (| 435-0188 | | |
| (N | ame of Contact Person) | (Area Code | & Daytime Telephone Number) | | |
| Enclosed please \$25 Filing | ase find a check made payable t Fee | | Department of State for: g Fee & Certified Copy | | |
| STREET/CO | OURIER ADDRESS: | | MAILING ADDRESS: | | |
| Registration S | | | Registration Section | | |
| Division of C | | | Division of Corporations | | |
| Clifton Build | • | | P.O. Box 6327 | | |
| | ve Center Circle | | Tallahassee, Florida 32314 | | |
| Tallahassee, l | Florida 32301 | | | | |



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)

| | limited liability company as and Office Holdings LLC | | s of the Florida Department |
|--|--|-----------------------------|--------------------------------|
| 2. The Florida docu L12000096673 | ment/registration number a | ssigned to this limited lia | ibility company is: |
| 3. The date this me | mber/manager withdrew/res | signed or will withdraw/re | esign is: |
| 4. I, Karen P. Mentor , hereby withdraw/resign as a (Print Name of Person Resigning) | | | |
| MGRM | | | |
| (| Print Title) | | |
| of this limited liab | oility company and affirm th ting. | e limited liability compa | ny has been notified of my |
| Signature of Dis | ssociating Member or Resig | ning Manager | 201 SE |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | | M JUN -3 A II SEURETARY OF STA |