# L12000122264

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	<del>)</del> #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
Date		

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2016 NOV 21 PM 1: 28
SECRETARY OF STATE
ALLAHASSEE F. STATE

K. SALY NOV 2 3 2016



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

November 2, 2016

OPTI PROPERTIES, LLC PATRICIO SLY 135 WESTON RD, STE. #130 WESTON, FL 33326

SUBJECT: OPTI PROPERTIES, LLC

Ref. Number: L12000122264

We have received your document for OPTI PROPERTIES, LLC and check(s) totaling \$50.00. However, the enclosed document has not been ded and is being returned for the following correction(s):

Please enter a date that the member/manager withdrew/resigned or will withdraw/resign in number 3 of the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 616A00023599

#### **COVER LETTER**

Registration Section
Division of Corporations TO:

SUBJECT: OPTI PROPERTIES LLC	<b>;</b>	
	Limited Liability Com	pany)
The enclosed member, resignation or diss	sociation and fee(s)	are submitted for filing.
Please return all correspondence concerni	ing this matter to:	
PATRICIO SLY		
(Contact Person)		•
OPTI PROPERTIES LLC		
(Firm/Company)		•
135 Weston Road Suite:# 130		
(Address)		•
33326		
(City/State and Zip Code)		•
For further information concerning this m	natter, please call:	
Patricio Sly	754	246-2005
(Name of Contact Person)		& Daytime Telephone Number)
Enclosed please find a check made payab \$25 Filing Fee		epartment of State for: Fee & Certified Copy
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section Division of Corporations		Registration Section Division of Corporations
Clifton Building		P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle

Tallahassee, 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)

L12000122264	nager withdrew/	rer assigned to this limited liability company is:  //resigned or will withdraw/resign is: 10/75/16 , hereby withdraw/resign as a
3. The date this member/man 4. I,  PAULA SLY  (Print Name of Period  Managing Member (M		
4. I, PAULA SLY (Print Name of Per. Managing Member (M		
4. I, PAULA SLY (Print Name of Per. Managing Member (M		
(Print Name of Per Managing Member (M	son Resigning)	, nereby withteraw/resign as a
(Print Title	GRM)	
1- 1	<del></del>	<del>_</del> ·
of this limited liability comresignation in writing.	npany and affirm	m the limited liability company has been notified of my
11-124 Debe	elle proposition on Ro	* * <b>* * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * * . * . . . . . . . .</b>
Signature of Dissociating	3 Member or Ke	esigning Manager
•	0 (Required) 0 (Optional)	
<del></del>	GIOVANNI NICOSIA	

Bonded through National Notary Assn.