

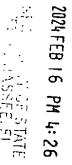
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COVER LETTER

ТО:	: Registration Section Division of Corporations					
SUBJE	ЕСТ:		BAYSHORE ited Liability Con			
		, .				
The en	closed men	nber, resignation or dissocia	ation and fee(s) are submitted for filing.		
Please	return all co	orrespondence concerning t	his matter to:			
		CLAUDIA R. RICAI	.DI MORENO			
		(Contact Person)		_		
		515 N. BAYShor	ee, LCC	<u>-</u>		
		(Firm/Company)				
	Ç	0022 GRAND CANAL DR.				
		(Address)		-		
	١	ИІАМІ, FL 33174		_		
		(City/State and Zip Code)				
For fur	ther inform	ation concerning this matte	r, please call:			
CLAU	DIA R. RIC	ALDI MORENO	at (305) 85°	7-2988		
	(Name o	f Contact Person)		& Daytime Telephone Number)		
	ed please fi Filing Fee	nd a check made payable to		epartment of State for: g Fee & Certified Copy		
—				3 · · · · · · · · · · · · · · · · · · ·		
	P.O. Box 6	n Section f Corporations		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		



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 th	e limited liability compan	y as it appears on the re-	cords of the Florida Department
of State is: 51	5 N. BAYSHORE, LLC		
2. The Florida doc	cument/registration number	er assigned to this limite	d liability company is:
<u>L1300003424</u>	2.		
3. The date this m	ember/manager withdrew	resigned or will withdra	aw/resign is:
4. I <u>, MANUEL (</u> (Print)	D. RICALDI MORALES Name of Person Resigning)	, hereby withd	raw/resign as a
<u>Manager</u>	MEMBER (Print Title)	<u>_</u> .	
of this limited lia resignation in w		m the limited liability co	ompany has been notified of my
Signature of D	issociating Member or Re	esigning Manager	_
Filing Fee: Certified Copy:	x \$25.00 (Required) \$30.00 (Optional)		2024 FE SEC TAN