4200041126

| (Requestor's Name) | | | | | |
|---|--|--|--|--|--|
| (Address) | | | | | |
| dress) | | | | | |
| y/State/Zip/Phone | e #) | | | | |
| MAIT | MAIL | | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| _ Certificates | of Status | | | | |
| Special Instructions to Filing Officer: | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | dress) dress) y/State/Zip/Phone WAIT siness Entity Nar cument Number) Certificates | | | | |

Office Use Only



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JAN 13 2016 S. YOUNG

COVER LETTER

| Divisio | on of Corporations | | |
|----------|-------------------------------------|--|--|
| SUBJECT: | C.O.C. Investments 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:

Charlie Ohana.

(Contact Person)

C.O.C. Investments UC

(Firm/Company)

1830 S. Ocean Dr. Unit Holo

(Address)

Hallandale Beach, FL 33009

For further information concerning this matter, please call:

Charlie Ohana at (954) 274-2272 (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)

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)

| 1. The name of the l | imited liability compan | y as it appears on the | e records of the Florida | Department |
|----------------------|--|------------------------|--------------------------|---------------|
| of State is: | O.C.Inves | tments | LLC | · |
| 2. The Florida docum | ment/registration number | er assigned to this li | nited liability company | / is: |
| L1300 | 0041126 | | | |
| 3. The date this men | nber/manager withdrew | /resigned or will wit | hdraw/resign is: 12 | 19/15 |
| 4. I, Maria | VICTORIA Jima me of Person Resigning) | | | |
| MG | Print Title) | _· | | |
| · | ility company and affire | m the limited liabilit | y company has been no | otified of my |
| Signature of Dis | sociating Member or Re | esigning Manager | | _EB |
| Filing Fee: | \$25.00 (Required) | | | S) |
| Certified Copy: | \$30.00 (Optional) | | | ~ |