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TO MAR -2 PM 1:54

COVER LETTER

TO: Registration Section Division of Corporations			
Ocala Hospitality Group LL	С		
(Name of Lir	nited Liability Con	mpany)	
The enclosed member, resignation or dissoc	eiation and fee(s	s) are submitted for filing.	
Please return all correspondence concerning	this matter to:		
Douglas Perera			
(Contact Person)		-	
			,
(Firm/Company)		_	17 K
Po box 291676			7 MAR -2 PM 1:54
(Address)		_	PM
Davie, FI 33324			 :n
(City/State and Zip Code)			#
For further information concerning this mat	ter, please call:		
Douglas Perera	352 at (427-7864	
(Name of Contact Person)		& Daytime Telephone Number)	
Enclosed please find a check made payable	to the Florida I	Department of State for:	
■ \$25 Filing Fee	S55 Filing	g Fee & Certified Copy	
STREET/COURIER ADDRESS:		MAILING ADDRESS:	
Registration Section		Registration Section	
Division of Corporations		Division of Corporations	
Clifton Building 2661 Executive Center Circle	P.O. Box 6327		
2001 Executive Center Circle		Tallahassee, Florida 32314	

Tallahassee, Florida 32301

CR2E079 (2/14)



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 la Hospitality Group	it appears on the records of the Florida De	epartment
2. The Florida doct	•	ssigned to this limited liability company is	:
3. The date this me	mber/manager withdrew/res	igned or will withdraw/resign is: 9/15/16	
4. I, Douglas Perera (Print Name of Person Resigning)		, hereby withdraw/resign as a	
Manager	(Print Title)		
of this limited lia resignation in wr		e limited liability company has been notifi	J . Ās
Signature of Di	ssociating Member or Resig	ning Manager	CORETAR LAHASS
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		FETTONIA