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DIVISION OF CORE-GENTIONS

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COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	DORAL OAKS INVESTMEN	T LLC	npany)
The c	nclosed member, resignation or dissocia	ition and fee(s) are submitted for filing.
Please	e return all correspondence concerning t	his matter to:	
CLAU	JDIA RUBIO		
	(Contact Person)		-
WINE	OSOR TITLE SERVICE INC		
	(Firm/Company)	· · · · · · · · · · · · · · · · · · ·	_
3191	CORAL WAY, SUITE 106		
	(Address)	. , .	wh.
MIAN	ИI, FL 3145		
	(City/State and Zip Code)		_
For fu	orther information concerning this matte	r, please call:	
CLAU	JDIA RUBIO	305	444.2086
	(Name of Contact Person)		& Daytime Telephone Number)
	sed please find a check made payable to 5 Filing Fee		Department of State for: Fee & Certified Copy
Regis Divisi Clifto	EET/COURIER ADDRESS: tration Section ion of Corporations n Building Executive Center Circle		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Tallah	nassee, 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)

1. The name of the limited liability company as it appears on the records of the Florida Departmen	t
of State is: DORAL OAKS INVESTMENT LLC	
2. The Florida document/registration number assigned to this limited liability company is: 14000178507	
3. The date this member/manager withdrew/resigned or will withdraw/resign is:	
4. I, RAFAEL CEDENO , hereby withdraw/resign as a (Print Name of Person Resigning)	
PRESIDENT	
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing. Signature of Dissociating Member or Resigning Manager	16 0CT 31 PH 2: 46