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#### **COVER LETTER**

TO: Reg	gistration Section		
Div	vision of Corporations		
SUBJECT	4 Oaks Bay Investments, LLC		
	(Name of	Limited Liability Co	ompany)
The enclos	ed member, resignation or dis	sociation and fee(	(s) are submitted for filing.
Please retu	rn all correspondence concern	ing this matter to	:
Eliza Brandt			
	(Contact Person)		_
	(Firm/Company)		_
301 174th St	(#1819)		
	(Address)	- <del></del>	<del></del>
Sunny Isles I	Beach,FL. 33160		
	(City/State and Zip Code)		<u> </u>
For further	information concerning this n	natter, please call:	:
Eliza Brandt		305 at (	450-2139 
(	Name of Contact Person)		e & Daytime Telephone Number)
Enclosed p  ■ \$25 Fili	lease find a check made payab ng Fee		Department of State for: g Fee & Certified Copy
Mai	ling Address:		Street Address:
Reg	distration Section		Registration Section
	ision of Corporations . Box 6327		Division of Corporations The Centre of Tallahassee
	lahassee, FL 32314		2415 N. Monroe Street, Suite 810
			Tallahassee, FL 32303



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### 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 limit of State is: 4 Oaks Bay	ted liability company as it appears on the records of the Florida Department y Investments, LLC
2. The Florida documer	nt/registration number assigned to this limited liability company is:
4. I.	r/manager withdrew/resigned or will withdraw/resign is: 2/7/262 3
Manager	t Title)
resignation in writing	y company and affirm the limited liability company has been notified of my
Signature of Dissoc	ciating Member or Resigning Manager
Filing Fee: S Certified Copy: S	525.00 (Required) 530.00 (Optional)