# 115000/23/14

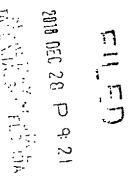
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
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(Business Entity Name)					
(Document Number)					
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TO:

### **COVER LETTER**

TO:	_	tration Section ion of Corporations				
SUBJI	ECT:	OCEANVIEW REALTY O	F BOCA, LLC			
		(Name of Li	Limited Liability Company)			
The en	closed	member, resignation or disso	ciation and fee(	s) are submitted for fi	ling.	
Please	return	all correspondence concerning	g this matter to:			
CARL	. E. KL	EPPER, JR.				
		(Contact Person)		<del></del>		
OCE	ANVIE	W REALTY OF BOCA, LLC	>			
		(Firm/Company)		_	چم بنہ	
36 SE 3RD STREET				2010 DEC	П	
	<del></del>	(Address)		_	£ 28	5
BOCA	A RAT	ON, FL 33432			: T	. T
		(City/State and Zip Code)		_		فنعه
For fur	ther in	formation concerning this mat	ter, please call:		21 110 Å	
MARI	_O JAI	NE HAWL <b>E</b> Y	561	244-6650 X 24		
	(Na	ime of Contact Person)		& Daytime Telephone	Number)	
	ed plea Filing	se find a check made payable Fee		Department of State for g Fee & Certified Cop		
STRE	ET/CO	OURIER ADDRESS:		MAILING ADDRE	:ss·	

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

CR2E079 (2/14)

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



## 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)

The Florida document/registration number assigned to the L15000123114	his limited liability company is:
The date this member/manager withdrew/resigned or with CARL E. KLEPPER, JR. hereb	Il withdraw/resign is: 11/30/2018
(Print Name of Person Resigning)	,
MANAGER (Print Title)	ن ب س ب
of this limited liability company and affirm the limited liaresignation in writing.	ability company has been notified of my

\$25.00 (Required)

\$30.00 (Optional)

Filing Fee: Certified Copy: