L15 000 190 080

(Requestor's	Name)
(Address)	
(13333)	
(Address)	
(City/State/Z	p/Phone #)
PICK-UP V	VAIT MAIL
(Business E	ntity Name)
(2	
(Document	umber)
Certified Copies Ce	tificates of Status
Special Instructions to Filing Of	icer:
O.K.	



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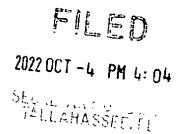
COVER LETTER

то:	~		Section Corporations	`	
	121113	1011 01	Corporations		
CHRIE	ECT:	GRAN	D OAKS APARTMENTS OF	NSB, LLC	
3013	BCT.		(Name of Limited Liability Company)		
The er	nclosed	memt	er, resignation or dissocia	ation and fee(s	s) are submitted for filing.
Please	e return	all cor	respondence concerning t	his matter to:	
ROBEI	RT YUR	.KOWS	KI		
			(Contact Person)		_
MARK	CR. HAI	.L. P.A.			
			(Firm/Company)		••
124 FA	ULKNI	ER STRI	ЕТ		
			(Address)		_
NEW S	SMYRN.	A BEAC	H. FL 32168		
		,	(City/State and Zip Code)	<u></u>	_
For fu	rther in	iformat	on concerning this matte	r, please call:	
ROBEI	RT YUR	KOWS	 	386 at (423-1221 _)
	(Na	ame of	Contact Person)	(Area Code	& Daytime Telephone Number)
Enclos	sed plea	ase fine	 d a check made payable to	the Florida D	Department of State for:
	5 Filing				Fee & Certified Copy
	Regis		Section		Street Address: Registration Section Division of Corporations
		ion oi v Box 63	Gorporations 27		Division of Corporations The Centre of Tallahassee
			FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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)

	imited liability company as it appears on the records of the Florida Department
of State is:	D OAKS APARTMENTS OF NSB, LLC
2. The Florida docu L15000190080	ment/registration number assigned to this limited liability company is:
3. The date this men	nber/manager withdrew/resigned or will withdraw/resign is:
4. I. KEVIN L. WRAY	, hereby withdraw/resign as a me of Person Resigning)
AUTHORIZED M	
(1	Print Title)
of this limited liab resignation in writ	ility company and affirm the limited liability company has been notified of my ing.
Kein	Tul
Signature of Dis	sociating Melaber or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)