

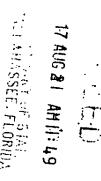
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## **COVER LETTER**

Division of Corporations	
SUBJECT: 1655 OS, LLC	
(Name of Limited Liability	Company)
The enclosed member, resignation or dissociation and fe	ee(s) are submitted for filing.
Please return all correspondence concerning this matter	to:
Thomas D. Wright, Esq.	
(Contact Person)	
Law Offices of Thomas D. Wright, Chartered	
(Firm/Company)	
9711 Overseas Highway	
(Address)	<del></del>
Marathon, FL 33050	
(City/State and Zip Code)	<del></del>
For further information concerning this matter, please ca	all:
Susan Lovley 305	743-8118
(Name of Contact Person) (Area C	ode & Daytime Telephone Number)
Enclosed please find a check made payable to the Florid  \$\mathbb{\text{\te}\text{\texit{\text{\tex{\text{\text{\texi}\text{\text{\texict{\texi}\text{\texi}\text{\texit{\texit{\texi{\texi{\texi{\texi}\texit{\texi{\text{\	la Department of State for: ling Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 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)

1. The name of the	limited liability company as	s it appears on the records of the	e Florida Department
of State is:	5 OS, LLC		
2. The Florida docu L1600001891	_	assigned to this limited liability of	company is:
		·	
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resign i	s:
4. I. Greg Coldiro	n	, hereby withdraw/resign	
(Print N	ame of Person Resigning)		
Manager/Mer	nber		<b>17</b>
	(Print Title)		AUG .
of this limited lial resignation in wr		he limited liability company has	been molified of my
80			HIII: 49
Signature of Di	ssociating Member or Resig	gning Manager	-
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		