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S. PRATHER

## **COVER LETTER**

TO:

CR2E079 (2/14)

Registration Section

Division of Corporations SOCOBOCA LLC SUBJECT: (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Edward L Myrick, Jr. (Contact Person) Beighley, Myrick, Udell & Lynne, PA (Firm/Company) 1255 W Atlantic Blvd., #314 (Address) Pompano Beach, FL 33069 (City/State and Zip Code) For further information concerning this matter, please call: Edward L Myrick Jr (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: □ \$25 Filing Fee ■ \$55 Filing Fee & Certified Copy STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301



## 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 Department
of State is:	COBOCA LLC	·
2. The Florida doc	ument/registration number assi	gned to this limited liability company is:
L1600005566	4	<u></u> .
3. The date this me	ember/manager withdrew/resign	ned or will withdraw/resign is: 4.26.18
4. I. Gene Playto	r	
	lame of Person Resigning)	, hereby withdraw/resign as a
Manager and	Member	
	(Print Title)	
of this limited lia resignation in wr		imited liability company has been notified of my
Signature of Di	ssociating Member or Resignin	ng Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	