

416 000 178 350

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

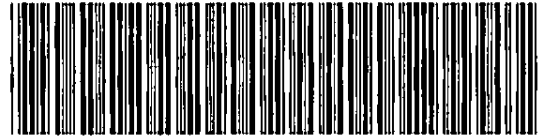
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FEDERAL BUREAU OF INVESTIGATION
U.S. DEPARTMENT OF JUSTICE

SEP 11 2019
S. YOUNG

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: PENINSULA RETAIL LLC

(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:

PAUL D. GOTTFRIED

(Contact Person)

KODSI LAW FIRM, P.A.

(Firm/Company)

1000 North Hiatus Road, Suite 103

(Address)

Pembroke Pines, Florida 33026

(City/State and Zip Code)

For further information concerning this matter, please call:

Paul D. Gottfried

at (954) 771-8277

(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:

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

MAILING ADDRESS:

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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: PENINSULA RETAIL, LLC.
2. The Florida document/registration number assigned to this limited liability company is:
L16000178350.
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 6/17/2019.
4. I, JACOB K. OHAYON, hereby withdraw/resign as a
(Print Name of Person Resigning)
MANAGER
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

DocuSigned by:

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

FILED
19 AUG 30 AM 10 16
TALLAHASSEE, FLORIDA