## L16000217142

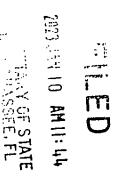
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01/19/23--01013--098 (#25.05



## **COVER LETTER**

SUBJECT:    23264 Harborview, LLC	Divis	ion of Corporations				
(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:  Randy Besosa  (Contact Person)  (Firm/Company)  322 W Cannery Row Circle  (Address)  Delray Beach, FL 33444  (City/State and Zip Code)  For further information concerning this matter, please call:  Randy Besosa  at (786 ) 3250965  (Name of Contact Person)  (Area Code & Daytime Telephone Number)  Enclosed please find a check made payable to the Florida Department of State for:  \$255 Filing Fee	SUBJECT:	23264 Harborview, LLC				
Please return all correspondence concerning this matter to:  Randy Besosa  (Contact Person)  (Firm/Company)  322 W Camnery Row Circle  (Address)  Delray Beach, FL 33444  (City/State and Zip Code)  For further information concerning this matter, please call:  Randy Besosa  at (Area Code & Daytime Telephone Number)  Enclosed please find a check made payable to the Florida Department of State for:  \$325 Filing Fee  \$355 Filing Fee & Certified Copy  Mailing Address:  Registration Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314  Registration Street, Suite 81		(Name of Limited Liability Company)				
(Contact Person)  (Firm/Company)  322 W Cannery Row Circle  (Address)  Delray Beach, FL 33444  (City/State and Zip Code)  For further information concerning this matter, please call:  Randy Besosa  at (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  Mailing Address:  Registration Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314  Contact Person)  Registration Section  Division of Corporations  P.O. Box 6327  The Centre of Tallahassee  Tallahassee, FL 32314	The enclosed	member, resignation or dis	ssociation and fee	(s) are submitted for filing.		
(Company)  322 W Cannery Row Circle  (Address)  Delray Beach, FL 33444  (Ciry/State and Zip Code)  For further information concerning this matter, please call:  Randy Besosa  (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    Malling Address:   Registration Section   Registration Section   Division of Corporations   P.O. Box 6327   The Centre of Tallahassee Tallahassee, FL 32314	Please return	all correspondence concert	ning this matter to	×:		
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City/State and Zip Code		(Contact Person)		_		
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City/State and Zip Code	322 W Cannery	Row Circle				
(City/State and Zip Code)  For further information concerning this matter, please call:  Randy Besosa  (Name of Contact Person)  (Area Code & Daytime Telephone Number)  Enclosed please find a check made payable to the Florida Department of State for:  \$\frac{1}{2}\$\$ \$55 Filing Fee & Certified Copy   Malling Address:  Registration Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314  The Centre of Tallahassee  2415 N. Monroe Street, Suite 81		(Address)				
For further information concerning this matter, please call:    Randy Besosa	Deiray Beach, I	FL 33444				
Randy Besosa		(City/State and Zip Code)		<del>_</del>		
(Name of Contact Person)  (Area Code & Daytime Telephone Number)  Enclosed please find a check made payable to the Florida Department of State for:  (As \$25 Filing Fee	For further in	formation concerning this r	natter, please call:	:		
Enclosed please find a check made payable to the Florida Department of State for:  \$25 Filing Fee  \$\sum \text{S55 Filing Fee & Certified Copy}\$\$  Malling Address:  Registration Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314  Provided Department of State for:  Street Address:  Registration Section  Division of Corporations  The Centre of Tallahassee  2415 N. Monroe Street, Suite 81				3250965		
Malling Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314  Street Address: Registration Section Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 81	(Na	me of Contact Person)	(Area Code	e & Daytime Telephone Number)		
Registration Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314  Registration Section  Division of Corporations  The Centre of Tallahassee  2415 N. Monroe Street, Suite 81	Enclosed plea \$25 Filing	se find a check made payal Fee				
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Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 81						
Tallahassee, FL 32314 2415 N. Monroe Street, Suite 81	Divisi	on of Corporations				
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	nbils i	assee, FL 32314				

CR2E079 (2/14)

TO: Registration Section



## 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)

2. The Florida do L16000217142	cument/registration number	assigned to this limited liability o	company is:
		signed or will withdraw/resign is	ı:
4. I. Jonathan Teafe (Print Manager		, hereby withdraw/resign a	19 a
<del></del>	(Print Title)		
resignation in A		he limited liability company has	been notified of my
Signature of I	ssociating Member or Resignation	gning Manager	2023
iling Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		2023 JAN 10 AM BETARY OF TAILLEIDASSE