

L17000142595

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

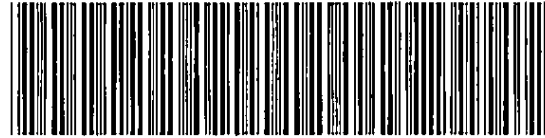
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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M. SOLOMON

**CORPORATE
ACCESS,
INC.**

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236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: 8/1 Glinda

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RESIGNATION

1. **Westside Lakeshore Holding, LLC**

(CORPORATE NAME AND DOCUMENT #)

2.

(CORPORATE NAME AND DOCUMENT #)

3.

(CORPORATE NAME AND DOCUMENT #)

4.

(CORPORATE NAME AND DOCUMENT #)

5.

(CORPORATE NAME AND DOCUMENT #)

6.

(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS:

RESIGNATION OF MANAGER
OF
WESTSIDE LAKESHORE HOLDING, LLC,
a Florida limited liability company

I, GAL ORON, do hereby resign as Manager of WESTSIDE LAKESHORE HOLDING, LLC, a Florida limited liability company whose Florida document/registration number is L17000142595 (the "Company"), effective as of June 25, 2019, at 12:01am, and affirms that the Company has been notified in writing of the resignation.

Executed this 9th day of July, 2019.



GAL ORON

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