## L17000145886

(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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## **COVER LETTER**

Division of Corporations		
SUBJECT: SOCIAL DRIVE (Name of Limited Liabil)	PROPERTIES, LLC.	
The enclosed member, resignation or dissociation and	I fee(s) are submitted for filing.	
Please return all correspondence concerning this matt	er to:	
MYHANH LOUDEN		
(Contact Person)		
6 OCEAN DRIVE PROPERTIES (Firm/Company)		
500 S FEDERAL HWY, #1641	2021 HOV -3 STORE TARY TARY AND	rega
(Address)		e erdava everana
HALLANDALE, FL 33008	(n)	
(City/State and Zip Code)		
For further information concerning this matter, please		
MYHANH LOUDEN 3055 at (	1150135	
(Name of Contact Person) (Area	Code & Daytime Telephone Number)	
Enclosed please find a check made payable to the Flo \$25 Filing Fee  \$25 PAID	orida Department of State for: Filing Fee & Certified Copy	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

CR2E079 (2/14)



October 25, 2021

MYHANH LOUDEN 500 S. FEDERAL HWY # 1641 HALLANDALE, FL 33008

SUBJECT: S OCEAN DRIVE PROPERTIES LLC

Ref. Number: L17000145886

We have received your document for S OCEAN DRIVE PROPERTIES LLC and your check(s) totaling \$525.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

ENTITY WAS VOLUNTARILY DISSOLVED 09/28/2021. ENTITY MUST BE ACTIVE TO FILE AMENDMENT.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 821A00025896

Alecia Rivers Regulatory Specialist II

www.sunbiz.org



## 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 liabilit	y company as i	it appo	ars on th	ne record	ls of the F	lorida	Departi	ment	
of State is:	OCEAN	DRIVE	PR	PERI	TES/	LLC,	· · · ·		·	
2. The Florida docu	_	_	signed	to this li	mited lia	ability co	mpany	/ is: 55	2021 H	
3. The date this men	mber/manager	withdrew/resig								
4. I, (Print No. AUTHORIZED R	ame of Person Re	signing) IE/H6R	, [	iereby w	itnaraw/	resign as	a		AH 9: 22	Ą
of this limited liab resignation in wri	oility company	and affirm the	e limit	ed liabili	ty comp	any has b	een no	tified of	f my	
MAL Signature of Dis	1.b									
Signature of Dis	ssociating Met	nber or Resign	ning M	anager						
Filing Fee: Certified Copy:										