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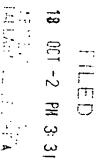
(Re	questor's Name)		
(Ad	idress)	 	
(Ad	ldress)		
(Cit	ty/State/Zip/Phone	#)	
PICK-UP	☐ WAIT	MAIL	
(Bu	isiness Entity Name	e)	
(Do	ocument Number)		
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			

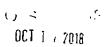
Office Use Only



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COVER LETTER

Registration Section

Division of Corporations

TO:

CR2E079 (2/14):

OKEECHOBEE GETAWAY, 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: Bruce J. Smoler (Contact Person) Smoler & Associates, P.A. (Firm/Company) 2611 Hollywood Boulevard (Address) Hollywood, Florida 33020 (City/State and Zip Code) For further information concerning this matter, please call: 954 922-2811 (Area Code & Daytime Telephone Number) Bruce J. Smoler (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ■ \$55 Filing Fee & Certified Copy 🥦 \$25 Filing Fee STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building 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 a	opears on the records of the F	lorida Départment
of State is: OKE	ECHOBEE GETAWAY, LLC		
	.ment/registration number assign	ned to this limited liability con	npany is:
3. The date this me	mber/manager withdrew/resigne	d or will withdraw/resign is: [9/20/2018
VANIM NIAK	A C LL		
4. 1.	ame of Person Resignings	_, hereby withdraw/resign as	a
(i'rmi N	ame of Person Resigning)		
⁻ Mar	nager		
	(Print Title)		
of this limited lia resignation in wr	bility company and affirm the lin	nited liability company has be	een notified of my
Signature of D	ssociating Member or Resigning	Manager	
_	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		