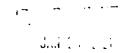
L18000042108

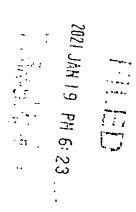
Office Use Only



100358072461



91/20/21--01005--024 **25.00



5. YOUNG

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: + OCKSMITH UNIT 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:				
Chandra V. Armengo				
(Firm/Company)				
9784 Dogwood Ridge Run				
Crity/State and Zip Code)				
For further information concerning this matter, please call:				
CUS ARM EN GOL at (477) 4700595 (Area Code & Daytime Telephone Number)				
Enclosed please find a check made payable to the Florida Department of State for:				
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee				

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 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)

	limited liability company as		of the Florida Department
L 18000			
3. The date this me 4. I. Chandra (Print N	mber/manager withdrew/res	signed or will withdraw/res	sign is: $\frac{1/12/2021}{2021}$
	(Print Title) billity company and affirm th	ne limited liability compan	y has been notified of my
	ssociating Member or Resig	gning Manager	2021 JAN 19
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		W 19 PH 6: 2