

L18000154260

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

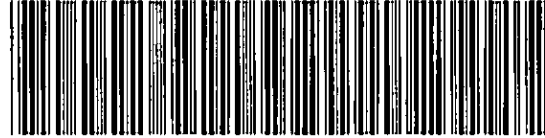
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500370577885

07/27/21--01027--024 **25.00

08/09/2021
JH

FILED
2021 JUL 27 PM 12:32
SECRETARY OF STATE
TALLAHASSEE, FL 32311

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OCP DIGITAL TECH PARTNERS 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:

PAMELA POVEDA

(Contact Person)

OCP DIGITAL TECH PARTNERS LLC

(Firm/Company)

333 SE 2nd. Ave, Suite 2810

(Address)

MIAMI, FLORIDA, US (33131)

(City/State and Zip Code)

For further information concerning this matter, please call:

PAMELA POVEDA

(Name of Contact Person)

305 537-0800
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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



FILED

2021 JUL 27 PM 12:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 appears on the records of the Florida Department of State is: OCP DIGITAL TECH PARTNERS LLC

2. The Florida document/registration number assigned to this limited liability company is:
L18000154260

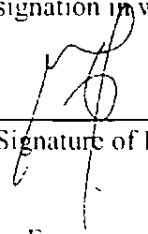
3. The date this member/manager withdrew/resigned or will withdraw/resign is: JULY 22, 2021

4. I, GASTON MARQUEVICH, hereby withdraw/resign as a
(Print Name of Person Resigning)

MANAGER

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.



Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)