## L18000220859

| (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: | 7 |
|   |   |
|   |   |
|   |   |

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SECRETARY OF STATE TALLARY SERVICES

D. BRUCE AUG 31 2020

## **COVER LETTER**

| TO: Registration Section                  |                              |   |  |  |
|---|------------------------------|---|--|--|
| Division of Corporations                  |                              |   |  |  |
| SKYSPACES OF FORT LAUI                    | DERDALE, LLC.                |   |  |  |
|   | f Limited Liability Company) |   |  |  |
| The enclosed member, resignation or di    | ssociation and fee(s) are su | ibmitted for filing.                                  |  |  |
| Please return all correspondence concer   | ning this matter to:         |   |  |  |
| Daniel Dabakaroff                         |                              |   |  |  |
| (Contact Person)                          | <del> </del>                 |   |  |  |
| DBAK CAPITAL L.L.C.                       |                              |   |  |  |
| (Firm/Company)                            |                              |   |  |  |
| 5846 S FLAMINGO RD 238                    |                              |   |  |  |
| (Address)                                 |                              | 2021<br>SE:<br>T                                      |  |  |
| COOPER CITY, FL 33330                     |                              |   |  |  |
| (City/State and Zip Code)                 |                              | 21  |  |  |
| For further information concerning this   | matter, please call:         | 9020 JUL 21 PM 4:<br>SECRETARY OF SU<br>TALLAHASSEL : |  |  |
| Daniel Dabakaroff                         | 954 74203<br>at ()           | 340   |  |  |
| (Name of Contact Person)                  | (Area Code & Dayt            | time Telephone Number)                                |  |  |
| Enclosed please find a check made paya    | -                            |   |  |  |
| ■ \$25 Filing Fee                         | ☐ \$55 Filing Fee &          | : Certified Copy                                      |  |  |
| Mailing Address:                          |                              | Address:  |  |  |
| Registration Section                      | <del>-</del>                 | Registration Section                                  |  |  |
| Division of Corporations<br>P.O. Box 6327 |                              | Division of Corporations The Centre of Tallahassee    |  |  |
| Tallahassee FL 32314                      |                              | 2415 N. Monroe Street, Suite 810                      |  |  |

Tallahassee, FL 32303



## 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)

| OKAK                                  | limited liability company as        | it appears on the records of the LE, LLC. | Florida Dep                   | artmei            | nt       |  |
|---------------------------------------|-------------------------------------|---|-------------------------------|-------------------|----------|--|
| 2. The Florida doci                   | ument/registration number as        | ssigned to this limited liability co      | ompany is:                    |                   |          |  |
| 3. The date this me                   | mber/manager withdrew/resi          | igned or will withdraw/resign is:         | 07/13/2020                    |                   | -        |  |
| 4. I, DBAK CAPITA (Print N            | L L.L.C.  Tame of Person Resigning) | , hereby withdraw/resign as               | , hereby withdraw/resign as a |                   |          |  |
| MGR                                   |                                     |   |                               |                   |          |  |
|                                       | (Print Title)                       |   |                               |                   |          |  |
| of this limited lia resignation in wr |                                     | e limited liability company has t         | oeen notified                 | i of m            | у        |  |
| Signature of Di                       | ssociating Member or Resign         | ning Manager                              | SEOR<br>TAL                   | 2020              | <b>*</b> |  |
| Filing Fee:                           | \$25.00 (Required)                  |   |                               | Ē                 | 1 Miles  |  |
| Certified Copy:                       | \$30.00 (Optional)                  |   | HSSE SE                       | 2020 JUL 21 PH 4: |          |  |