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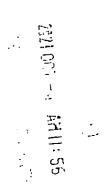
(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Statu	ıs
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Special Instructions to Filing Officer:	
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	
Division of Corporations	
SUBJECT: SOUTH BAY ASSOCIATES, LLC.	
(Name of Limited Liabili	ty Company)
The enclosed member, resignation or dissociation and	fee(s) are submitted for filing.
Please return all correspondence concerning this matter	er to:
VALERIA RODRIGUEZ	
(Contact Person)	
(Firm/Company)	
3785 NE 168TH. STREET	
(Address)	
NORTH MIAMI BEACH, FL 33160	
(City/State and Zip Code)	
For further information concerning this matter, please	call:
VALERIA RODRIGUEZ at (786	208-6957
(Name of Contact Person) (Area	Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flor ✓ \$25 Filing Fee ✓ \$55 I	ida Department of State for: Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Contra of Tallahorana
Tallahassee, FL 32314	The Centre of Tallahassee 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)

1. The name of the	e limited liability company as it a	appears on the records of the	Florida [Depart	ment
of State is: SO	UTH BAY ASSOCIATES, LLC	S			<u></u> .
2. The Florida doc	cument/registration number assig	ned to this limited liability co	ompany i	s:	
L1800028160	09	<u>_</u> .			
3. The date this m	ember/manager withdrew/resigno	ed or will withdraw/resign is	9-27-2	1	
4. I, VALERIA R (Print)	ODRIGUEZ Name of Person Resigning)	, hereby withdraw/resign as	s a		
MANAGER	(Print Title)				
of this limited lia resignation in wa	ibility company and affirm the lin	mited liability company has t			fmy
				2321 OC1 -	
Signature of D	issociating Member or Resigning	g Manager	مبر مر 1		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		3 P.T.	暦 11:56	* comp