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COVER LETTER

Division of Corporations		
OCEANPEAKLLC SUBJECT:		
	ted Liability Con	npany)
The enclosed member, resignation or dissocia	ition and fee(s) are submitted for filing.
Please return all correspondence concerning t	his matter to:	
SHANDI SHAW		
(Contact Person)		.
OCEANPEAKLLC		
(Firm/Company)		-
278 OVERBROOK DRIVE E.		
(Address)		-
LARGO, FL 33770		
(City/State and Zip Code)		-
For further information concerning this matte	r, please call:	
SHANDI SHAW	719 at (3608970
(Name of Contact Person)		& Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee		Pepartment of State for: 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

CR2E079 (2/14)



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)

of State is: OCE		mineral to this limited lightlite on		
L18000286043	umeni/registration number as	ssigned to this limited liability con	трану із.	
3. The date this mo	ember/manager withdrew/res	igned or will withdraw/resign is:	1/1/2022	····-
4. I. SHANDI SHAW		, hereby withdraw/resign as	a	
DIRECTOR	same oj verson Kesigning)			
	(Print Title)			
of this limited lia resignation in wr		ne limited liability company has be		
Signature of))	issociating Member or Resig	ning Manager).).	2022
			<i>:</i>	<u> </u>
_	\$25.00 (Required)			ن رئ
Certified Copy:	\$30.00 (Optional)		<u>, '</u>	P:
			قع 	<i>₩</i>
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