L190000337444

(Requestor's Name)
(Address)
· · · ·
(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:





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COVER LETTER ·

COVER L	ETTER 6
TO: Registration Section Division of Corporations	ETTER Company)
SUBJECT: WEST BOCA LLC	ې بې د
— (Name of Limited I	Liability Company)
The enclosed member, resignation or dissociation	n and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to:
KRISTIN S. HIRSCH	
(Contact Person)	
WEST BOCA LLC	
(Firm/Company)	***************************************
15238 Cherry Creek Lane	
(Address)	
Delray Beach, FL 33446	
(City/State and Zip Code)	
For further information concerning this matter, p	lease call:
KRISTIN S. HIRSCH	917 543-6067 Area Code & Daytime Telephone Number)
(Name of Contact Person)	Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	Florida Department of State for: \$55 Filing Fee & Certified Copy
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Mailing Address: Registration Section Division of Corporations P.O. Box 6327	Street Address: Registration Section Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314	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)

	limited liability company as it appears on the records of the Florida Department
of State is: WES	1 BOCA LLC
2. The Florida doc L19000033744	ument/registration number assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is: 4/26/2020
4. I,	nca Sebba , hereby withdraw/resign as a
(Print A	lame of Person Resigning)
Manager	
	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
En. V	1.51
Signature of D	issociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)