1190000595208

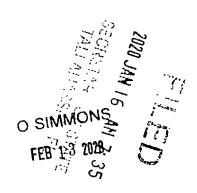
| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
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Office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



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01/16/20--01014--002 **25.00



COVER LETTER

TO: Registration Section **Division of Corporations** OASIS CLEANING & MAINTENANCE SERVICES LLC SUBJECT: (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: CASTRO BETANCOURT, PEDRO (Contact Person) OASIS CLEANING & MAINTENANCE SERVICES LLC (Firm/Company) 10360 SW 186 ST #970848 (Address) MIAMI, FL 33197 (City/State and Zip Code) For further information concerning this matter, please call: CASTRO BETANCOURT, PEDRO (Name of Contact Person) (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: Street Address: Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 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)

| of State is: | IIDA | | - | |
|--|-----------------------|-----------------|--------------------------|------------------------------|
| 2. The Florida docu L19000095208 | ment/registration | number assig | ned to this limited l | iability company is: |
| 3. The date this me | mber/manager wit | hdrew/resigne | — ed or will withdraw | /resign is: |
| Pedro Castro-Bet | ancourt | | _, hereby withdraw | /resign as a |
| (Print N | ame of Person Resigni | ing) | | |
| AP | | | | |
| 1 | Print Title) | · | | |
| of this limited liab resignation in wri | | i affirm the li | mited liability comp | oany has been notified of my |
| | | | | |

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)