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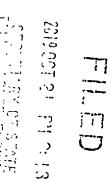
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Special Instructions to	Filing Officer:			
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Oasis Bar LC (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:
Laurence McMillon (Contact Person)
Oasstar LC (Firm/Company)
1751e North Barghore Daire 22N (Address)
Miami, FL 3313a (City/State and Zip Code)
For further information concerning this matter, please call:
Laurence McMillon at (UTS) 592 1731 (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 \$\Bigsir \\$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

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)

			A. S. J. S.
1. The name of the	limited liability compan	y as it appears on the reco	ords of the Florida Department
of State is:C	Dasis Bou	LC	7. J
2. The Florida doci	ment/registration numb	er assigned to this limited	Hiability company is ?
L1900	00245243		三元。
3. The date this me	mber/manager withdrew	/resigned or will withdra	w/resign is: _10 1 19_
4.1. Taliss		, hereby withdra	
Marza	Print Title)		
of this limited lial resignation in wr		m the limited liability cor	npany has been notified of my
	Kempinski		
Signature of Di	ssociating Member or R	tesigning Manager	
-	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		