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## **COVER LETTER**

TO:

Registration Section

Tallahassee, Florida 32301

CR2E079 (2/14)

Division of Corporations SOLID OAKS APARTMENTS, 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: BRUCE ARRICK, ESQ. (Contact Person) BRUCE A. ARRICK, P.A. (Firm/Company) 9100 SOUTH DADELAND BLVD. SUITE 903 (Address) MIAMI, FL. 33156 (City/State and Zip Code) For further information concerning this matter, please call: **BRUCE ARRICK** (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 STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314



## 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	s it appears on the records of the	e Florida Department
2. The Florida docu	ment/registration number as	ssigned to this limited liability	company is:
L19000252417	7		
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resign	is:
4. I, ALBERT BENALLOUN, (Print Name of Person Resigning)			
(Print N	ame of Person Resigning)		
AMBR			
	(Print Title)		
of this limited lia		ne limited liability company has	s been notified of my
ABenelli	~		2019 DEC -
Signature of Dissociating Member or Resigning		gning Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		-9 PH L: L HRY OF STATI