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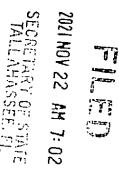
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O SIMMONS

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: OLTBAY INVESTMENTS (Name of Limited Liability Comp	Dany)
The enclosed member, resignation or dissociation and fee(s)	are submitted for filing.
Please return all correspondence concerning this matter to:	
MIGUEL ORTIZ (Contact Person)	
ORTBAY INVESTMENTS LL	
4207 SABAL RIDGE CR (Address)	
WESTON, FL, 3331 (City/State and Zip Code)	
For further information concerning this matter, please call:	•
$\frac{\mathcal{M}160EC}{\text{(Name of Contact Person)}} = \frac{\text{at}(305)}{\text{(Area Code 8)}}$	333-3/35
Enclosed please find a check made payable to the Florida De	
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 Fallahassee, FL 32303



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SECRETARY OF STATE TALLAHASSEE, FI

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)

1. The name of the limited liability company as it appears on the records of the Florida Departmen
of State is: DRTBAY INVESTMENTS LLC
2. The Florida document/registration number assigned to this limited liability company is:
L21000229402
3. The date this member/manager withdrew/resigned or will withdraw/resign is: $1/(-15-21)$
4. I. JOEGE ENCIOUE DAYONA, hereby withdraw/resign as a (Print Name of Person Resigning)
MEMBER MANAGER (Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Signature of Dissociating Member or Resigning Manager

\$25.00 (Required) \$30.00 (Optional)

Filing Fee:

Certified Copy: