## 121000374624

	<del></del> .	
(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
,	ŕ	
(6)		
(Cit	y/State/Zip/Phone #	*)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Name	)
·		
	cument Number)	
(00	edinesit (Valliber)	
Certified Copies	_ Certificates o	f Status
Special Instructions to	Filing Officer:	
	<b>3</b> *	
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Office Use Only



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SCORLANT C. SON STAIL ABASSES FU

## **COVER LETTER**

TO:	Regi	stration Section			
	Divi	sion of Corporations			
SUBJ	JECT:				
		(Name of L	imited Li	ability Co	ompany)
The e	nclose	d member, resignation or disso	ciation	and fee	(s) are submitted for filing.
Please	e returi	n all correspondence concerning	ig this n	natter to	:
Kenne	th O'Co	nnor			
		(Contact Person)		•	<del></del>
Oakbr	ook Adv	visirs, LLC			
<del></del>		(Firm/Company)		<del></del>	<del>_</del>
900 N	Federla	Highway suite 450			
		(Address)			<del></del>
Boca I	Raton, F	1 33432			
		(City/State and Zip Code)			_
For fi	rther i	nformation concerning this ma	itter, ple	ase call	:
Ken O	'Co <del>nn</del> or		9 at (	54	609-1906
	4)	Jame of Contact Person)			e & Daytime Telephone Number)
Enclo	sed pla	ease find a check made payable	e to the	Florida	Department of State for:
	5 Filin				ng Fee & Certified Copy
	Maili	ng Address:			Street Address:
		stration Section			Registration Section
		sion of Corporations			Division of Corporations
		Box 6327			The Centre of Tallahassee
	Talla	thassee, FL 32314			2415 N. Monroe Street, Suite 810
					Tallahassee, FL 32303

CR2E079 (2/14)



FILED

2022 AUG 15 PM 3: 03

SELVETARY OF SEE FILE
TALLAHASSEE FILE

## 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)

	climited liability company as it appears on the records of the Florida Department rook Advisors, LLC
2. The Florida doc	ument/registration number assigned to this limited liability company is:
	ember/manager withdrew/resigned or will withdraw/resign is:
(Print.) MBR	Name of Person Resigning)
	(Print Title)
of this limited lia resignation in w	bility company and affirm the limited liability company has been notified of my iting.
Signature of D	issociating Member or Resigning Manager
<del>-</del>	\$25.00 (Required) \$30.00 (Optional)