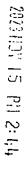


(Requestor's Name)				
(Address)				
,				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
·				
Special Instructions to Filing Officer:				





11/15/23--01015--005 **85.00





STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	s of section 605.011:	5, Florida Statutes, the und	ersigned,	
Name of Registered Agent			_ , hereby resigns as	
	Name of Lim	nited Liability Company		,
L21000454641				
Document Nu	mber, if known			
A copy of this resignatio	n was mailed to the a	above listed limited liability	y company at its last known a	ddress.
The agency is terminated	I and the office disco	ntinued on the 31st day aft	er the date on which this state	ement is filed
		Signature of Resigning Agent		20
If signing on behalf of ar	n entity:			23 F
	JERALD C. CANTOR			2023 HOV 1 5
	T VP	yped or Printed Name		<u>5</u>
	'	Capacity		711 2: LL
			-	t-
	FILING \$ 85.00 \$ 25.00	FEES: Active limited liability of Administratively dissolve withdrawn limited liability of the control of the c	company ved/ voluntarily dissolved/ lity company	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

COVER LETTER

OASIS TOWNHOUSES LLC SUBJECT:	
Name of Limited Lia	bility Company
DOCUMENT NUMBER: L21000454641	
The enclosed Resignation of Registered Agent for a Li for filing.	mited Liability Company and fee are submitted
Please return all correspondence concerning this matte	to the following:
JERALD C. CANTOR	
Name of Person	
PHILLIPS LAW	
Name of Firm/Company	
4000 HOLLYWOOD BEVD., SUITE 500N	
Address	
HOLLYWOOD, FL 33021	
City/State and Zip Code	
jcantor@phillipslawyers.com	
E-mail address: (to be used for future annual report notificat	ion)
For further information concerning this matter, please	call:
JERALD C. CANTOR 954 at (966-1820
Name of Person Area	Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Registration Section Division of Corporations

TO:

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Jerald Cantor, Esq. 4000 HOLLYWOOD BLVD STE 500N HOLLYWOOD FL 33021-1224

USPS CERTIFIED MAIL



9407 1118 9876 5497 8051 95

Division of Corporations PO BOX 6327 TALLAHASSEE FL 32314-6327

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