

L22000341077

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

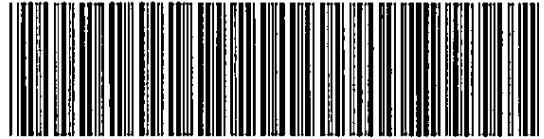
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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01/13/23--01005--020 \*\*25.00

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** West Coast Property Partners, LLC  
(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:

Robert F. Boyer, Jr

(Contact Person)

(Firm/Company)

440 Sunset Drive

(Address)

Carlisle, OH 45005

(City/State and Zip Code)

For further information concerning this matter, please call:

Robert E Boyer, Jr. 937 272-1520  
\_\_\_\_\_  
(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

**Mailing Address:**  
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  
Tallahassee, FL 32303




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 Department of State is: Florida West Coast Property Partners, LLC.
2. The Florida document/registration number assigned to this limited liability company is: L22000341077.
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 1/5/23.
4. I, Conrado A. Salas, Jr., hereby withdraw/resign as a  
(Print Name of Person Resigning)  
Member  
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

DocuSigned by:  
  
 Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
 Certified Copy: \$30.00 (Optional)