LZH00000 Z944Z

(Requestor's Name)				
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COVER LETTER

TO:	Registration Section Division of Corporations	
	Division of Corporations	
SUBJ	POHAKU REALTY LLC	
	(Name of Limited Lia	ability Company)
The e	nclosed member, resignation or dissociation a	and fee(s) are submitted for filing.
Please	e return all correspondence concerning this ma	natter to:
JACO	B VASCONCELLOS	
	(Contact Person)	
РОНА	KU REALTY LLC	
	(Firm/Company)	
10735	PETRILLO WAY	2074
	(Address)	
WINT	ER GARDEN, FL. 34787	MAY JAH 26 M. 3.
	(City/State and Zip Code)	
For fu	orther information concerning this matter, plea	17.
JACO	B VASCONCELLOS 80	375-0144
	· · · · · · · · · · · · · · · · · · ·	Area Code & Daytime Telephone Number)
	sed please find a check made payable to the F 5 Filing Fee S	Florida Department of State for: \$55 Filing Fee & Certified Copy
	Mailing Address:	Street Address:
Registration Section Division of Corporations		Registration Section Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 81
		Tallahassee, FL 32303

CR2E079 (2/14)



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)

POH /	limited liability company as	it appears on the records of the F	Torida Department
2. The Florida docu L24000029442	ament/registration number ass	signed to this limited liability co	mpany is:
3. The date this me	mber/manager withdrew/resig	gned or will withdraw/resign is:	JAN, 16, 2024
JACOB VASCONCELLOS 4. I,, hereby withdraw/resign as a			
(Print N	ame of Person Resigning)		
AUTHORIZED M	1EMBER		
·	- · · · · · · · · · · · · · · · · · · ·	e limited liability company has b	een-notified of my,
	11/1	<u> </u>	
Signature of Di	ssociating Member or Resign	ing Manager	. П б
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		