

L25000303423

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

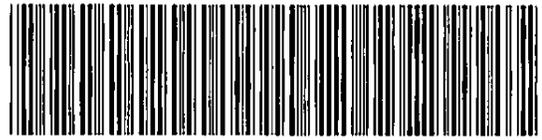
(Business Entity Name)

(Document Number)

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

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*Handwritten signature and initials*





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: 1690-1692 S Ocean Dr LLC

2. The Florida document/registration number assigned to this limited liability company is: L25000303423

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 07/28/2025

4. I, Carlos Herrera, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

Ambr  
*(Print Title)*

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07/28/2025

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

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