

L10000091596

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

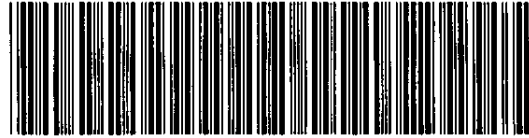
(Business Entity Name)

(Document Number)

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TALLAHASSEE FLORIDA

S Warren  
JUL 25 2016

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** D1MG, 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:

**Gregory Frankel**

\_\_\_\_\_  
(Contact Person)

**c/o BASE**

\_\_\_\_\_  
(Firm/Company)

**175 SW 7th Street, Ste. 1410**

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

**Miami, FL 33130**

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

**Gregory Frankel**

**305 860-0633**

\_\_\_\_\_  
(Name of Contact Person) at (\_\_\_\_\_) \_\_\_\_\_  
(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

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

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



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: D1MG, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L10000091596


3. The date this member/manager withdrew/resigned or will withdraw/resign is: 06/30/16  
MYFMS, LLC

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

Member and Manager

*(Print Title)*

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)

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TALLAHASSEE, FLORIDA

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