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(Requestor's Name)
(Address)
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(Address)
(Address)
(0) (0) (0)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Greater management to 1 ming officer.

Office Use Only



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STORE PART OF STATE

D BRUCE JAN 12 2019

COVER LETTER

_	stration Section					
Divis	sion of Corporations					
SUBJECT:	Dunkerley Enterprises, LLC					
00002011	(Name of Li	mited Liability Com	pany)			
The enclosed	d member, resignation or disso	ciation and fee(s)	are submitted for f	filing.		
Please return	all correspondence concerning	g this matter to:				
David Dunk	kerley					
	(Contact Person)		•			
Dunkerley I	Enterprises, LLC					
	(Firm/Company)			· _ . (2	
3941 McCle	ellan Rd				2019 JAN -3	٦
	(Address)			N.S.	Σ ω	_
Pensacola,	FL 32503			f **1 * **.		
	(City/State and Zip Code)			5 <u>5</u> 5	PH 1: 3	ξ.,
For further in	nformation concerning this mat	tter, please call:		D.F.	=	
David Dunk	kerley	850	3465669			
(N	lame of Contact Person)	(Area Code	& Daytime Telephon	e Number)		
Enclosed ple ■ \$25 Filing	case find a check made payable g Fee		epartment of State I Fee & Certified Co			

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

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)

	limited liability company as it a kerley Enterprises, LLC	appears on the records of the Floric	la Departmen	
2. The Florida docu L99000003378	_	ned to this limited liability compar 	ny is:	
3. The date this me	mber/manager withdrew/resign	ed or will withdraw/resign is:	28/18	
Kismat Dunk	orlov	, hereby withdraw/resign as a		
Managing Me	mber Print Title)			
of this limited liab resignation in wri	pility company and affirm the litting.	mited liability company has been r	2019 JAN - 3 PM STORE WAY DE TALL WHASSEE FI	
Filing Fee; Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		S IAGE	O