## LIECCOCOEGTZ

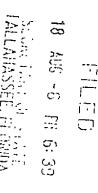




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AUG 0 9 2018 S. YOUNG



## **COVER LETTER**

TO: Registration Section Division of Corporations					
20 Holdings LLC					
SUBJECT:	nited Liability Cor	mpany)		<del></del>	
The enclosed member, resignation or dissoci	ation and fee(s	s) are submitted	l for filing.		
Please return all correspondence concerning	this matter to:				
Steven R. Daria					
(Contact Person)		_			œ طون
					<u> </u>
(Firm/Company)		<del>-</del>			
10714 Bahia Terrado Circle				E. 93.5	ة: 22
(Address)		_		更高	ر. ک
Estero, FL 33928					
(City/State and Zip Code)					
For further information concerning this matt	er, please call:	:			
Steven R. Daria	239 at (	425 <b>,5</b> 671	3		
(Name of Contact Person)		e & Daytime Tel	ephone Num	iber)	
Enclosed please find a check made payable t ■ \$25 Filing Fee	to the Florida l	Department of S g Fee & Certifi	State for: ed Copy		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING A Registration 5 Division of C P.O. Box 632 Tallahassee, I	Section orporations 7		

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)

of State is:	oldings LLC ———————————————————————————————————				
2. The Florida docı	iment/registration number as	signed to this limited liability company is:			
L18000068672	2				
3. The date this me	mber/manager withdrew/res	igned or will withdraw/resign is:			
Steven R. Da	aria	hereby withdraw/resign as a			
(Print N	ame of Person Resigning)	hereby withdraw/resign as a			
Manager					
	(Print Title)				
of this limited lial resignation in wr		e limited liability company has been notified of my			
Signature of Di	ssociating Member or Resig	ning Manager  ALLANIA			
	\$25.00 (Required)	(A):			
Certified Copy:	\$30.00 (Optional)	SEE, FLORIDA			