

102 000 550 464

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

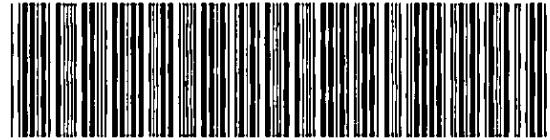
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



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07/12/19 11:10:31 AM

2019 JUL 12 AM 10:31

Resignation

JUL 20 2019  
1 ALBRITTON

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** McDimit Davis, 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:

Troy Olson

(Contact Person)

McDimit Davis, LLC

(Firm/Company)

934 North Magnolia Ave., Suite 100

(Address)

Orlando, FL 32803

(City/State and Zip Code)

For further information concerning this matter, please call:

Troy Olson

(Name of Contact Person)

at 407 843-5406

(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



2019 JUN 12 AM 10:31

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: McDimit Davis, LLC

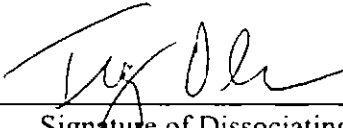
2. The Florida document/registration number assigned to this limited liability company is: L02000000464

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 4/30/14

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

Member  
*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

 as Managing Member  
Signature of Dissociating Member or Resigning Manager

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