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(Re	equestor's Name)	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	: #)
PICK-UP	WAIT	MAIL
(Bu	ısiness Entity Nam	ne)
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Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	
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Office Use Only



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FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER

I, Amy Stevens	, hereby resign as <u>Officer/Managing Memb</u> e (Title)
of DNA Town Center Development, L	
(Limited Lis	ability Company)
a limited liability company organized under the	laws of the State of Florida
and affirm that the limited liability company ba	
(Signature of resigning manage	er, managing member or member)

FILING FEE IS \$25.00

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314