## L05000110428

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
(Cit	ty/State/Zip/Phone	e #)
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SECRETARY OF STATE DIVISION OF CORPORATIONS

CR2E079 (5/06)

## COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: DBI, LLC	
(Name of Limited Lia	bility Company)
The enclosed member, managing member or managiling.	ger resignation and fee(s) are submitted for
Please return all correspondence concerning this m	atler to:
AMY K. MALIZA, ESQ.	
(Contact Person)	<del></del>
AMY K. MALIZA, P.A.	
(Firm/Company)	<del></del>
1521 ALTON ROAD, SUITE 476	
(Address)	<del></del>
MIAMI BEACH, FLORIDA 33139	
(City/State and Zip Code)	
For further information concerning this matter, ple	ase call:
AMY K. MALIZA, ESQ.	305 , 904-1303
	rea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the l	Florida Department of State for:
<b>✓</b> \$25 Filing Fee	\$55 Filing Fee &
<u></u>	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

i. The name of the of State is: DB	limited liability company as	it appears on the record	s of the Florida Dep	artment	
2. This limited liab FLORIDA	ility company was organized	l under the laws of:			
3. The Florida docu L05000110	ument/registration number of 1928	f this limited liability cor	mpany is:		
•	ame of Person Resigning) pility company and affirm th	, hereby resign as a	(Print Title)		R
Signature of Resi	gning Member, Managing M		٠	<b>o</b> 5	) -
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			07 DEC -5 AM 10: 48	AIVE DE LOS SUSSESSIONS SUSSES

CR2E079 (5/06)