

L05000116813

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

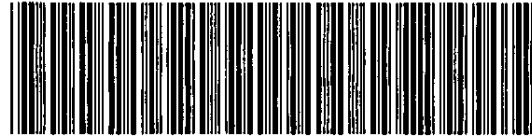
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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Inactive send Resignation*

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09/04/15--01022--005 **25.00

FILED

2015 SEP 28 PM 12:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER
OCT -1 2015



**FLORIDA DEPARTMENT OF STATE
Division of Corporations**

September 9, 2015

**LEXINGTON FAMILY OFFICE SERVICES, LLC
DALE E VEITCH
305 CHURCH ST, UNIT 103
NASHVILLE, TN 37201**

**SUBJECT: DAUBE HILL LLC
Ref. Number: L05000116813**

We have received your document for DAUBE HILL LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

**Karen A Saly
Regulatory Specialist II**

Letter Number: 815A00018996

**RECEIVED
15 SEP 28 PM 4:05
TALLAHASSEE, FLORIDA**

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Daube Hill, LLC

Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Dale E. Veitch

Name of Person

Lexington Family Office Services, LLC

Firm/Company

305 Church Street, Unit 103

Address

Nashville, TN 37201

City/State and Zip Code

dale@lexingtonfamilyoffice.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Dale Veitch

386 566-7249

at ()
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input checked="" type="checkbox"/> \$25.00 Filing Fee | <input type="checkbox"/> \$30.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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: Duke Hill, LLC

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

605000116813

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 11/22, 2011

4. I, David W. Hill, hereby withdraw/resign as a
(Print Name of Person Resigning)

Co-Manager
(Print Title)

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

(X) David W. Hill
Signature of Dissociating Member or Resigning Manager

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