Lo6000118762

| (Requestor's Name) |
|---|
| |
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| · |
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| |

Office Use Only



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Y OF STATE CORPORATIONS

T. HAMPTON

AUG 1 0 2010

EXAMINER

COVER LETTER

| TO: Registration Section | |
|--|---|
| Division of Corporations | |
| SUBJECT: DEES, LLC | |
| (Name of Limited Liab | ility Company) |
| The enclosed member, managing member or managiling. | er resignation and fee(s) are submitted |
| Please return all correspondence concerning this ma | tter to: |
| ERNEST J. SEIJAS, JR. | |
| (Contact Person) | |
| DEES, LLC | |
| (Firm/Company) | |
| 725 E. OVERDRIVE CIRCLE | |
| (Address) | |
| HERNANDO, FLORIDA 34442 | · |
| (City/State and Zip Code) | • |
| For further information concerning this matter, please | se call: |
| ERNEST J. SEIJAS, JR. at (| 352 , 746-5951 |
| (Name of Contact Person) (Are | ea Code & Daytime Telephone Number) |
| Enclosed please find a check made payable to the Fl | orida Department of State for: |
| \$25 Filing Fee | \$55 Filing Fee & |
| | 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 32314 |
| Tallahassee, Florida 32301 | |

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

| | : •,. | • |
|--|-------------------------------------|---|
| 2. This limited liability company was organized FLORIDA | under the laws of: | |
| | | |
| 3. The Florida document/registration number of L06000118762 | f this limited liability company is | : · · · · · · · · · · · · · · · · · · · |
| 4. I, ERNEST J. SEIJAS, SR. | , nercoy resign as a | BER/MANAGER |
| (Print Name of Person Resigning) | | (Print Title) |
| of this limited liability company and affirm th | e limited liability company has b | een notified of my |
| resignation in writing. | | |
| Omed (be clines | • | |
| Signature of Resigning Member, Managing N | 1ember or Manager | |
| Signature of Resigning Member, Managing N | 1ember or Manager | |
| Signature of Resigning Member, Managing N Filing Fee: \$25.00 (Required) | lember or Manager | 91VIG. 1 |

CR2E079 (5/06)