## 607000020763

(Requestor's Name)	
(Address)	—
(Address)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
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2017 NOV 17 PH 5: 50 SECRETARY OF STATE

K. SALY NOV 2 0 2017

## **COVER LETTER**

_	sion of Corporations			
SUBJECT:	Dark Tower Holdings, LLC			
	(Name of Limited Liability Company)			
The enclose	d member, resignation or disso	ociation and fee(s	) are submitted for filing.	
Please retur	n all correspondence concernin	g this matter to:		
Aaron D. [	Delgado			
	(Contact Person)		_	
	(Firm/Company)		_	
227 Seabr	eeze Boulevard			
	(Address)		<del>-</del>	
Daytona B	each, FL 32118			
	(City/State and Zip Code)		-	
For further i	information concerning this ma	itter, please call:		
Aaron D. [	Delgado	386 at (	255-1400	
(1)	Name of Contact Person)	(Area Code	& Daytime Telephone Number)	
Enclosed pl	ease find a check made payable g Fee		Department of State for: g Fee & Certified Copy	
STREET/C Registration	COURIER ADDRESS:		MAILING ADDRESS: Registration Section	
Division of	Corporations		Division of Corporations	
Clifton Buil			P.O. Box 6327	
	tive Center Circle , Florida 32301		Tallahassee. Florida 32314	

CR2E079 (2/14)





## 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)

	limited liability company as it appears on the records of the Florida Department Tower Holdings, LLC
2. The Florida doc L0700002076	ument/registration number assigned to this limited liability company is:  3
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is: 0429,207
David R. Dai	
	lame of Person Resigning)
Manager	
	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
	20 Dene
Signature of D	issociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)