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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Deb Equities, LLC		
(Name of Limit	ed Liability Con	npany)
The enclosed member, resignation or dissocia	tion and fee(s) are submitted for filing.
Please return all correspondence concerning the	nis matter to:	
Melodee Baker		
(Contact Person)		-
(Firm/Company)		-
PO Box 956		
(Address)	-	-
Wading River, NY 11792		
(City/State and Zip Code)		•
For further information concerning this matter	, please call:	
Melodee Baker	405 at (4645232
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to ☐ \$25 Filing Fee		epartment of State for: Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

Please do so immediately and remove my Name from online.



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)

1. The name of the	limited liability company as	it appears on the records of the	Florida Department
of State is: Deb	Equities, LLC		
2. The Florida doc	ument/registration number ass	signed to this limited liability c	ompany is:
L0700011701	8		
3. The date this me	ember/manager withdrew/resig	gned or will withdraw/resign is	March 1, 2017
4. I, Melodee Bal	ker	, hereby withdraw/resign a	s a
(Print)	lame of Person Resigning)	, hereby withdraw/resign a	
Member			
	(Print Title)		
of this limited lia resignation in wr		e limited liability company has	been notified of my
: 800	0.		SECURE SECURE
Signature of D	issociating Member or Resign	ning Manager	FILE D DEC 20 N RELARY OF ANASSEE!
Filing Fee:	\$25.00 (Required)		الله الله الله الله الله الله الله الله
=	\$30.00 (Optional)		985 5 36 5 36 5