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(Do	ocument Number)	<u> </u>
Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
A	. LUNT	-
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: DAD Services of Okeechobee, (Name of Limited Liability Company)
The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Rebecco Meara
Contact Person) SIMS & Younger CPAS Firm/Company) Contact Person) SIMS & Younger CPAS Firm/Company)
203 SE 2nd Avenue
OKeechobee, FL 34974 (City/State and Zip Code)
For further information concerning this matter, please call:
Rebecca Mara at 863 467-3000 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$ Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations MAILING ADDRESS: Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (5/06)

Clifton Building

2661 Executive Center Circle Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Dand D Services of Okeechobee. Luc
2. This limited liability company was organized under the laws of: Florida 23
3. The Florida document/registration number of this limited liability company is:
4. I, Dean Youngblood, hereby resign as a <u>Partner</u> (Print Name of Person Resigning) (Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
Signature of Resigning Member, Managing Member or Manager

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