

L10000075761

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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MAY 10 2016

S. YOUNG

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LONG JOINT VENTURE LLC  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

**DONALD DAVID WALKOWIAK**

(Contact Person)

**DON DAVID & ASSOCIATES, INC**

(Firm/Company)

**P O BOX 340108**

(Address)

**TAMPA, FL 33694**

(City/State and Zip Code)

For further information concerning this matter, please call:

**DONALD D WALKOWIAK**

**813**

**264-1674**

at ( )

(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

☒ \$55 Filing 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

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TALLAHASSEE, FLORIDA  
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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: LONG JOINT VENTURE LLC

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

L10000075761

3. The date this member/manager withdrew/resigned or will withdraw/resign is: APRIL 11, 2016

4. I, DON DAVID & ASSOCIATES, INC, hereby withdraw/resign as a  
(Print Name of Person Resigning)

MANAGER

(Print Title)

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

DON DAVID & ASSOCIATES, INC, MANAGER  
BY DD Williams, PRESIDENT  
Signature of Dissociating Member or Resigning Manager

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 MAY -9 PM 4:54

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