## L10000120469

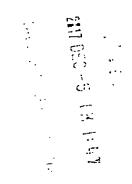
(Requestor's Name)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
(Business Entity Name)			
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12/05/17--01037--018 \*\*125.00



J. HARRIS

## **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: DBSR HOLDINGS, 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:			
JONATHAN WOODS			
1D WOODS LAW, PLC (Firm Company)			
220 STONEWELL DR			
ACKSODVILLE FL 32259 (City State and Zip Code)			
For further information concerning this matter, please call:			
(Name of Contact Person) at 1 407, 448 - 3484 (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 Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 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)

1. The name of the li	mited liability company as it appears on the r	records of the Florida Department
of State is:	DBSR HOLDINGS	, LLC
2. The Florida docum	nent registration number assigned to this limi	ited liability company is:
_L1000	0,20469	
3. The date this mem	ber/manager withdrew resigned or will with	draw resign is: $3/1/2014$
4. I. OVATH	ne of Person Resigning. hereby with	ndraw resign as a
_ MANAG	Title	
of this limited liabi resignation in writi	lity company and affirm the limited liability and	company has been notified of my
		Photo Report
Signature of Diss	orating Member or Resigning Manager	DEC - 5
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	