L10000129777

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(Address)			
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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

Division of Corporations			
SUBJECT: DLR Distribution, LLC (Name of Limited Liability Company)			
The enclosed member, managing member or ma filing.	anager resignation and fee(s) are submitted for		
Please return all correspondence concerning this	s matter to:		
Granville L. Romsay (Contact Person)			
(Firm/Company)			
2640 NE 25th Street (Address)			
Lighthouse Point, FL 3301 (City/State and Zip Code)	04		
For further information concerning this matter, please call:			
Gvannile L. Ramsay at (Name of Contact Person)	(305) 773.2228 (Area Code & Daytime Telephone Number)		
Enclosed please find a check made payable to the \$\frac{1}{2}\$\$ \$25 Filing Fee	ne Florida Department of State for: \$\square\$ \$\\$55\$ Filing Fee & Certified Copy		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327		
2661 Executive Center Circle	Tallahassee, Florida 32314		

CR2E079 (5/06)

Tallahassee, Florida 32301

TO: Registration Section



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 Florid of State is: DLR DISTVIDITING LLC	la Department
	2. This limited liability company was organized under the laws of:	SECRETAICLE LALLANIASSEE.
	3. The Florida document/registration number of this limited liability company is: L1000129777	AH II: 58 OF STATE EE, FLORIDA
	4. I, Grint Name of Person Resigning), hereby resign as a Managing (Print	na Member
/	of this limited liability company and affirm the limited liability company has been n resignation in writing.	otified of my
2	Signature of Resigning Member, Managing Member or Manager	
/		
	Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	
	certified copy. who to y to product y	