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(Requ	estor's Name)	
(Addre	ess)	
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(City/s	State/Zip/Phon	e #)
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OCT 20 2015 J SHIVERS



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	ne limited liability comp	pany as it appears on the records of the l	Florida Department
of State is: D.	A. Realty Holdings of	South Florida, LLC	····································
2. The Florida do	_	mber assigned to this limited liability co	ompany is:
3. The date this n	nember/manager withdr	ew/resigned or will withdraw/resign is:	8/25/2015
4. I, Maria Izqui	ierdo	, hereby withdraw/resign as	
	t Name of Person Resigning)	, norsely william as a sign as	
Manager			15 SEC
	(Print Title)	 ·	POCI CHAN
	• •	firm the limited liability company has b	een Kotified of my
resignation in v	vriting.		77.07
Me C	7-0il		I STATE
Signature	Dissociating Member or	r Resigning Manager	> 1
Filing Fee:	\$25.00 (Required))	

Certified Copy:

\$30.00 (Optional)