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(Requestor's Name)	11
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(City/State/Zip/Phone #)	<u> </u>
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SECRETARY OF STATE
TALLAHASSEF FLORINA

COVER LETTER

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TO: Registration Section Division of Corporations	
SUBJECT: DART REALTY (Name of Limited Diabil	LL (.
The enclosed member, resignation or dissociation and	d fee(s) are submitted for filing.
Please return all correspondence concerning this matt	er to:
Jeff tomberg (Contact Person)	
DART REALTY, UC (Firm/Company)	
525 SE 6th Am Suite B	
Del ray Reach Va 334 (City/State and Zip Code)	83
(City/State and Zip Code)	
For further information concerning this matter, please	e call:
Jeff Emberg at (56) (Name of Contact Person) (Area	61,441-7329
(Name of Contact Person) (Area	a Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flo \$25 Filing Fee	orida Department of State for: Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)

Tallahassee, Florida 32301



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)

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1. The name of the l	imited liability company a	s it appears on the records of t	he Florida Department
of State is:	ART ZEMLTY,	ЦС	·
2. The Florida docum	ment/registration number a	assigned to this limited liability	y company is:
L11000	073695	·	
3. The date this mer	mber/manager withdrew/re	signed or will withdraw/resign	is: 8-31-17
4. I, Dean (Print Na	72. Lape! une of Person Resigning)	, hereby withdraw/resign	n as a
	Print Title)		
of this limited liab resignation in writ		he limited liability company ha	as been Figure of my
Dee	yn 7000		ASSEE A
Signature of Dis	sociating Member or Resignation	gning Manager	AM 9: 50 "STATE FLORIDA
Filing Fee:	\$25.00 (Required)		_
Certified Copy:	\$30.00 (Optional)		