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SECRETARY OF STATE

T. CLINE

NOV - 8 2011

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: DADI LLC (Name of Limited Liabil)	lity Company)
The enclosed member, managing member or manage filing.	r resignation and fee(s) are submitted for
Please return all correspondence concerning this mat	ter to:
IVAN CORLEA (Contact Person)	
(Contact Person)	
DADI LLC	•
(Firm/Company)	ZO ZO
2472 S.W. VALNERAS	CREAT LANDY
(Address)	-7
port st fuere, FL. 34	F. FLORIDA
(City/State and Zip Code)	RATE O
For further information concerning this matter, please	e call:
TVAN CORREA at (7) (Name of Contact Person) (Area	72 480-8419
(Name of Contact Person) (Area	a Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flo	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy
	.,
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations P.O. Box 6327
Clifton Building 2661 Executive Center Circle	Tallahassee, Florida 32314
2001 LACOUNT CONTOR CHOIC	i ananassee, i fortua 125 i T

Tallahassee, Florida 32301

CR2E079 (5/06)



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 line of State is:	mited liability company as it DADI LLC	appears on the records of th	ne Florida Dep	oartment	
2. This limited liabili	ty company was organized u	nder the laws of:			
4. I, DANTELLA (Print Nam of this limited liabil resignation in writin	nent/registration number of the 10087502 EM. CORRED The of Person Resigning) Stity company and affirm the ling. Thing Member, Managing Member, Managing Member,	hereby resign as a imited liability company ha	MANA (Print Tile)	de my l	To the state of th
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	·			