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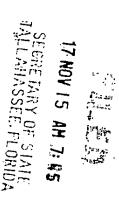
(Requestor's Name)				
(Address)				
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COVER LETTER

TO:	_	stration Section ion of Corporations				
SUBJ	ECT: DWC CATTLE COMPANY, LLC (Name of Limited Liability Company)					
	npany)					
The cr	nclosed	I member, resignation or dissocia	ation and fee(s) are submitted for filing.		
Please	return	all correspondence concerning t	his matter to:			
DOU	G COI	.E				
		(Contact Person)		•		
DWC	CATT	TLE COMPANY				
	· <u>.</u>	(Firm/Company)		-		
1210	3 UPP	ER MANATEE RIVER ROAD	ı			
		(Address)		-		
BRAI	DENT	ON, FL 34202				
	•	(City/State and Zip Code)		-		
For fu	ırther iı	nformation concerning this matte	r, please call:			
DOU	G CO	NE	at (941)_737·5736		
	(N	ame of Contact Person)	(Area Code	& Daytime Telephone Number)		
	sed ple 5 Filing	ase find a check made payable to g Fee		Department of State for: 3; Fee & Certified Copy		
Regis Divisi Clifto 2661	tration ion of (n Build Execut	OURIER ADDRESS: Section Corporations ding ive Center Circle 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)

	limited liability company as it app		Florida Department
2. The Florida doct 45-3134242	ıment/registration number assigne	ed to this limited liability co	mpany is:
4. I, WILLIAM L C	mber/manager withdrew/resigned CONE JR ame of Person Resigning)	-	
of this limited lia resignation in wr	ssociating Member or Resigning N		OF MY STATE SERVENCE AND STATE SERVENCE LARY OF STATE STATE SERVENCE AND STATE SERVENCE AND A SEE, FLORIDA
Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		•