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TALLAHASSEE, FLORIDA

APPROVED
AND
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JUL 14 2015
T. DEMEUX

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Direct By, LLC
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Adam J. Steinberg, Esq.
(Contact Person)

Adam J. Steinberg, P.A.
(Firm/Company)

200 S. Andrews Avenue, Suite 903
(Address)

Fort Lauderdale, Florida 33301
(City/State and Zip Code)

For further information concerning this matter, please call:

Robyn DiTocco at (954) 548-3357
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &

Certified Copy

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**RESIGNATION OR DISSOCIATION OF MEMBER, MANAGER FROM
FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: Direct By, LLC

2. The Florida document/registration number of this limited liability company is:
L11000109129

3. The date this member withdrew or will withdraw is: _____

4. I, Sharon Schwartz, hereby resign as a Member/Manager
(Print Name of Person Resigning) *(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

[Signature]
Signature of Resigning or Dissociating Manager, Member

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

CR2E079 (12/13)

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14 JUN 27 PM 3:05
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