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(R	equestor's Name)		
(A	ddress)		
(A	ddress)		
(C	ity/State/Zip/Phone	#)	
PICK-UP	☐ WAIT	MAIL	
(B	usiness Entity Nam	ee)	
(D	ocument Number)		
Certified Copies	Certificates	of Status	
Special Instructions to Filing Officer:			





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EXAMINER

JO- 20146

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DAGH & Associates LLC

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

(Name of Limited Liability Company)

Please return all correspondence concerning this matter to:

John Walker

(Contact Person)

DAGH & Asscoiates LLC

(Firm/Company)

16040 SE 31 ct Road

(Address)

Summerfield,FL 34491

(City/State and Zip Code)

For further information concerning this matter, please call:

John Walker

352 (875-556

(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
Tallahassec, Florida 32301

MAILING ADDRESS:

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

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	imited liability company as it appears on the records of the Fl 6H & Associates LLC	orida Dep	
2. This limited liabi Florida	lity company was organized under the laws of:	ALLAHASSA	-5-03071 g
3. The Florida docu 45-4581336	ment/registration number of this limited liability company is:		E T
4. I, Kristie M W	alker, hereby resign as a Manag	_, hereby resign as a Managing Member (Print Title)	
of this limited liab resignation in write	ility company and affirm the limited liability company has be		d of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		