

L120000 35554

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

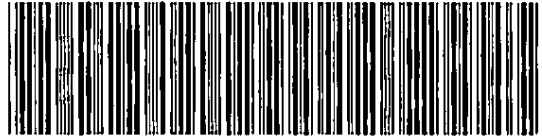
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



300325418123

03/18/19--01023--016 \*\*30.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2019 MAR 18 PM 12:04

FILED

MAR 27 2019  
T. LEMMEUX



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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: DLBC922,LLC

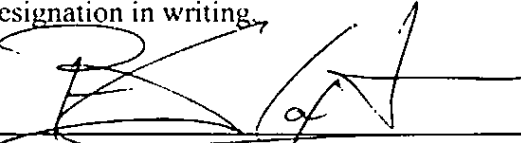
2. The Florida document/registration number assigned to this limited liability company is:  
L12000035554

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 3/1/19

4. I, BIKO CLAXTON, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

AUTHORIZED REPRESENTATIVE  
*(Print Title)*

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

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

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

2019 MAR 18 12:01  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED