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(Reque	estor's Name)	
(Addre	ss)	
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(City/S	tate/Zip/Phor	ne #)
PICK-UP	WAIT	MAIL
(Busin	ess Entity Na	me)
(Docum	nent Number)
Certified Copies	Certificate	es of Status
Special Instructions to Fili	ng Officer:	<u></u>
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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 l	limited liability company a	as it appears on the records of the	Florida De	partm	ent
of State is: DP	H Diversified	LLC			_··
2. The Florida docu	ment/registration number a	assigned to this limited liability c	ompany is:	:	
112000	113373	·			
3. The date this mer	mber/manager withdrew/re	esigned or will withdraw/resign is	s: Apal 2	4,20	. <u>Γκ</u>
4. I, Dean P	one of Person Resigning)	, hereby withdraw/resign a	as a		
Managina	Member				
of this limited liab resignation in wri		the limited liability company has	been notifi	ied of	my
1 loan	(25M		SSAH SVVI	NY 22	्र इ.इ.) ड ह्रीलक्षर
Signature of Di	ssociating Member or Res	igning Manager		À	5 E
	\$25.00 (Required) \$30.00 (Optional)		SIATE	7:49	Cale Same