U130000 27912

(Re	equestor's Name)	
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bi	ısiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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K.SALY EXAMINER AUG 18



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 4, 2016

YEDIDA SIANI RE: DNA REAL ESTATE LLC 2895 S FEDERAL HWY #B2 DELRAY BEACH, FL 33483

SUBJECT: DNA REAL ESTATE LLC

Ref. Number: L13000027912

We have received your document for DNA REAL ESTATE LLC and your check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

For the overpayment of the wrong document

To receive a refund, please submit a signed written request to the attention of the undersigned. Be sure to include the name of the person or entity the check should be made payable to and the address to which it should be mailed. You may mail the request to: Division of Corporations, P. O. Box 6327, Tallahassee, FL 32314 or fax it to my attention at 850-245-6030

Please return your document, along with a copy of this letter, within 60 days or vour filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly Regulatory Specialist II

Letter Number: 616A00016423

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: DNA heal Estate 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:		
AVI AMIN (Contact Person)		
(Contact Person)		
DNA neal Estate LLC		
(Firm/Company)		
2895 South Federal HWY #BZ		
Delray Beach, FL, 33483		
(City/State and Zip Code)		
For further information concerning this matter, please call:		
Avi Amir at (305) 2449791		
(Name of Contact Person) (Area Code & Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida Department of State for: \$\subset\$ \$\\$\\$25 \text{Filing Fee}\$\$\$ \$\subset\$ \$\\$\\$55 \text{Filing Fee} & \text{Certified Copy}\$\$\$		
STREET/COURIER ADDRESS:MAILING ADDRESS:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsClifton BuildingP.O. Box 63272661 Executive Center CircleTallahassee, Florida 32314		
Tallahassee, Florida 32301		

CR2E079 (2/14)







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	mited liability company as it appears on the records of the Florida Department
of State is: DN	A REAL ESTATE LLC
2. The Florida docur	nent/registration number assigned to this limited liability company is:
L 13000	027912
3. The date this men	aber/manager withdrew/resigned or will withdraw/resign is: $8/15/2016$
4. I, YEDIDA	SIAVI, hereby withdraw/resign as a me of Person Resigning)
(Print Na	me of Person Resigning)
MGLM	
(I	Print Title) .
of this limited liab resignation in writ	lity company and affirm the limited liability company has been notified of my ing.
Signature of Dis	ociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)