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J. Strivers FEB 1.9 2014

## COVER LETTER

TO: Registration Section Division of Corporations					
SUBJECT: DalCorp, LLC	l Liability Con	npany)			
The enclosed member, resignation or dissociation	•				
Please return all correspondence concerning thi		. <u>-</u>			
Cynthia Heathcoe					
(Contact Person)		-			
DalCorp, LLC					
(Firm/Company)		_			
6170 Messana Terrace					
(Address)	· · · · · · · · · · · · · · · · · · ·	<del>-</del>			
Lake Worth, FL 33463					
(City/State and Zip Code)		-			
For further information concerning this matter, please call:					
Cynthia Heathcoe	561	827-4311			
(Name of Contact Person)		& Daytime Telephone Number)			
Enclosed please find a check made payable to the Florida Department of State for:					
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Division of Corporations		Division of Corporations			
Clifton Building		D O D (000			
0//15 /: 0 / 0: 1		P.O. Box 6327			
2661 Executive Center Circle Tallahassee, Florida 32301		P.O. Box 6327 Tallahassee, Florida 32314			

CR2E079 (12/13)



## 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 of State is: Da	limited liability company a	s it appears on the records	of the Florida Department
2. The Florida doc L13000034	ument/registration number o	of this limited liability com	pany is:
3. The date this me	ember withdrew or will with	<sub>draw is:</sub> January 1, 20	13
4. I. Robert Hea	athcoe	, hereby resign as a	President
, <del></del>	lame of Person Resigning)	,	(Print Title)
resignation in wr	hility company and affirm the iting.  Sesigning or Dissociating Management		y has been notified of my
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)		