L13000065360

(Re	equestor's Name)			
(Ad	ldress)			
(Ad	ldress)			
(Cit	ty/State/Zip/Phon	e #)		
PICK-UP	MAIT	MAIL		
(Bu	siness Entity Nar	me)		
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

Office Use Only



400258383804

04/03/14--01014--004 **25.00

14 APR -3 PH 4: 26
SECRETARY OF STARS

APR 0 8 2014

C. CARROTHERS

COVER LETTER

Division of Corporations			
SUBJECT: D & D ALTO TYCH SPOYT 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:			
Danielle N Parks (Contact Person)			
DA DAUTO Trunsport LLC (Firm/Company)			
20728 NE 7Th PL (Address)			
WITTISTON FL 32696 (City/State and Zip Code)			
For further information concerning this matter, please call:			
(Name of Contact Person) at (352) 816-0857 (Area Code & Daytime Telephone Number)			
Enclosed please find a check made payable to the Florida Department of State for: \$\forall \$25 \text{ Filing Fee} \$55 \text{ Filing Fee & Certified Copy}			

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

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

CR2E079 (2/14)

TO:

Registration Section



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 li	mited liability company as it appears on the re	ecords of the Florida Department
of State is:	1 D AUTO Transport 1	LLC.
2. The Florida docun	nent/registration number assigned to this limit	ed liability company is:
L1300	00065360	
3. The date this mem	ber/manager withdrew/resigned or will withdr	raw/resign is: <u>04 - 01 - 1</u> 4
4. I, <u>Rwy M CY</u> (Print Nar	ne of Person Resigning), hereby withd	lraw/resign as a
<u> </u>	CLY Print Title)	
of this limited liabi	lity company and affirm the limited liability coing.	ompany has been notified of my
Ry Park	-DQ	
Signature of Diss	sociating Member or Resigning Manager	_
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	14 APR -3 SECRE PART OF TALLAHASSEE