L13000 093 952

(Re	equestor's Name)				
,					
(Ad	idress)				
(Ad	idress)				
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	WAIT	MAIL			
(Bu	isiness Entity Nar	ne)			
	ocument Number)				
(50	, varione (various)				
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

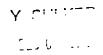
Office Use Only



300336452403

11/08/19--01017--022 **50.00





COVER LETTER

TO:	_	stration Section sion of Corporations				
	DIVIS	non or corporations				
SUBJ	ECT:	Dayłando, LLC				
		(Name of Limited Liability Company)				
The er	nclosed	I member, resignation or diss	sociation and fee(s) are submitted for filing.		
Please	returr	all correspondence concern	ing this matter to:			
Dann	ıy Gay	rne				
-		(Contact Person)	-	_		
		(Firm/Company)				
		(rimi/Company)				
1700	Maso	n Avenue				
		(Address)		_		
Dayto	ona Be	each, FL 32117				
		(City/State and Zip Code)		-		
For fu	ırther i	nformation concerning this n	natter, please call:			
Dann	ıy Gay	rne	386	258-7806		
	(N	ame of Contact Person)		e & Daytime Telephone Number)		
	sed ple 5 Filing	ease find a check made payab g Fee		Department of State for: g Fee & Certified Copy		
STRE	EET/C	OURIER ADDRESS:		MAILING ADDRESS:		
		Section		Registration Section		
		Corporations		Division of Corporations		
	n Buik Evecut	ing ive Center Circle		P.O. Box 6327 Tallahassee, Florida 32314		
		Florida 32301		rananassee, (10110a 32,314		

CR2E079 (2/14)



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 of State is: DAY	limited liability company as LANDO, LLC	it appears on the reco	ords of the Florid	la Department	
2. The Florida docu L13000093952	nment/registration number as	ssigned to this limited	liability compar	2019 NO	7
3. The date this me	mber/manager withdrew/res	igned or will withdray	w/resign is: <u>Au</u>	WASCIES	- م
4. I, Ralph Morfor	.d	, hereby withdra		AM 10: 07 OF STATE E. FLORID	I
	ame of Person Resigning)	,,		ESTA STA	
MGRM				O7	
-	(Print Title)				
of this limited lial resignation in wr	bility company and affirm thiting.	e limited liability con	npany has been i	notified of my	
Run	1 Min				
Signature of Di	ssociating Member or Resig	ning Manager			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				