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(Re	equestor's Name)	······································
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J. HARRELE

COVER LETTER

Division of Corporations		
SUBJECT: D.W.Burkett,LLC		
(Name of Limite	ed Liability C	ompany)
The enclosed member, resignation or dissociate	ion and fee	(s) are submitted for filing.
Please return all correspondence concerning th	is matter to	:
Donald Burkett		
(Contact Person)		 -
D.W.Burkett, LLC		
(Firm/Company)		
287 W Creek Dr		
· (Address)		
Wewahitchka, Fl 32465		
(City/State and Zip Code)		<u> </u>
For further information concerning this matter	, please cal	l:
Donald Burkett	850	340-0979
(Name of Contact Person)		de & Daytime Telephone Number)
Enclosed please find a check made payable to ■ \$25 Filing Fee		Department of State for: ng 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)



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)

	Burkett, LLC	s it appears on the records of	
2. The Florida docu L1300010655	_	assigned to this limited liabili	ity company is:
		esigned or will withdraw/resig	
4. I, Randy Chan	COY Came of Person Resigning)	, hereby withdraw/resign	gn as a
MGRM			
of this limited lial resignation in wr		the limited liability company liability liabil	has been notified of my
_	\$25.00 (Required) \$30.00 (Optional)		2015 FACI

CR2E079 (2/14)