L14000017717

(Re	equestor's Name)	<u>.</u>	
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(Ac	ddress)		
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SECRETARY OF STATE TALLAHASSEE, FLORID

8EP 2 9 2014 T. CARTER

LLC Member Resign

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: DPJH, L.L.C.		
(Name of Li	mited Liability Con	npany)
The enclosed member, resignation or dissor	ciation and fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to:	
DAVID ROBINSON		
(Contact Person)		-
DPJH, L.L.C.		
(Firm/Company)		-
2486 MARINER BOULEVARD		
(Address)		-
SPRING HILL, FL 34609		
(City/State and Zip Code)	**************************************	-
For further information concerning this mat	tter, please call:	
DAVID ROBINSON	352	683-5663
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable \$25 Filing Fee		epartment of State for: Fee & Certified Copy
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section Division of Corporations		Registration Section
Clifton Building		Division of Corporations P.O. Box 6327
2661 Executive Center Circle		Tallahassee, Florida 32314
Tallahassee, Florida 32301		· ····································

CR2E079 (2/14)

SECRETARY OF STATE TALLAHASSEE, FLORIDA

14 SEP 18 AM 11: 10



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)

	_	ssigned to this limited liability company is:
L1400001771	<i>,</i>	·
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resign is:
4. I, JENNIFER C. DEW		, hereby withdraw/resign as a
(Print A	lame of Person Resigning)	
MANAGER		
	(Print Title)	
of this limited lia resignation in wr		e limited liability company has been notified of my
Jenn	la CD	
Signature of Di	sociating Member or Resig	ning Manager
	•	
iling Fee:	\$25.00 (Required)	
Certified Copy:		

CR2E079 (2/14)