1140000 21416

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT	MAIL	
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of St	atus	
Special Instructions to Filing Officer:		
	;	
	l	

Office Use Only



200334753592

10/02/19--01006--003 **58

2019 OCT -2 PM 6: 0

O GOLDEN

007 1 8 2313

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: DED TVEE SE	EYMCC, ULC led Liability Company)
The enclosed member, resignation or dissocia	tion and fee(s) are submitted for filing.
Please return all correspondence concerning t	his matter to:
David Mornissette (Contact Person)	
(Contact Person)	
(Firm/Company)	
29429 Benjamin Dv.	
(Address)	
Wesley Chapel, Pz 3354	3
(City/State and Zip Code)	
For further information concerning this matte	r, please call:
David Morrissette (Name of Contact Person)	at (813) 446-7766 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	•
STREET/COURIER ADDRESS: Registration Section Division of Corporations	MAILING ADDRESS: Registration Section Division of Corporations

P.O. Box 6327

Tallahassee. Florida 32314

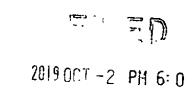
CR2E079 (2/14)

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301





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	limited liability compan	y as it appears on the records of the Florida Departm
of State is:	D&D Tree Se	enice, LLC
2. The Florida doc	ument/registration numb	er assigned to this limited liability company is:
L1400	00021416	
3. The date this me	ember/manager withdrew	/resigned or will withdraw/resign is: 9 19 19
4. I, David	$\{V_{I}(s)\}$, hereby withdraw/resign as a
Mar	rager	·
	(Print Title)	
of this limited lia resignation in wr	- ·	m the limited liability company has been notified of m
	3	
Signature of Di	ssociating Member or R	esigning Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	