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(Requestor's Name)				
(Address)				
(Address)				
(Cit	y/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
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(Document Number)				
Certified Copies	_ Certificates	s of Status		
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SECRETARY OF STATE

-2 PH 1:35

J. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Remove member	d Libite Co	
(Name of Limit	ed Liability Con	npany)
The enclosed member, resignation or dissocia	tion and fee(s) are submitted for filing.
Please return all correspondence concerning the	nis matter to:	
Dora Adden		
(Contact Person)		_
DMA Consulting LLC		
(Firm/Company)		_
7310 W McNab Road Suite 205		
(Address)		_
Tamarac, Florida 33321		
(City/State and Zip Code)		_
For further information concerning this matter	r, please call:	
Dora Adden	954 at (960-2107
(Name of Contact Person)		& Daytime Telephone Number)
Enclosed please find a check made payable to \$\blue{1}\$ \$25 Filing Fee		Department of State for: g Fee & Certified Copy
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section Division of Corporations		Registration Section Division of Corporations
Clifton Building		P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301		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)

1. The name of the	limited liability company	as it appears on the reco	ords of the Florida Department
of State is:	ida DMA Con	isulting L.L.	<u>C. </u>
2. The Florida doc L1400004452	ument/registration number	assigned to this limited	liability company is:
3. The date this me	ember/manager withdrew/r	esigned or will withdray	w/resign is:
Michael Add	len	, hereby withdra	
(Print N	Name of Person Resigning)		_
Authorized M	lember		
<u></u>	(Print Title)	•	
of this limited lia resignation in wr	ibility company and affirm riting.	the limited liability com	npany has been nothied of my
Pri	facel Ad	en	RY OF
Signature of D	issociating Member or Res	igning Manager	STATE ORIDA
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		