## 1/4000086881

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





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2015 AUG 21 PH 12: 32
SECKETARY OF STATE

K.SALY EXAMINER AUG 25 2015

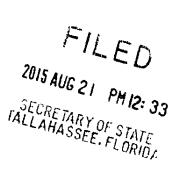
## **COVER LETTER**

TO:	Registration Section Division of Corporations			
SUBJECT: D&S Wholesaling & Liquidation II, LLC			dation II, LLC	
	(Name of Limite	ed Liability Con	npany)	
The en	closed member, resignation or dissociate	tion and fee(s	) are submitted for filing.	
Please	return all correspondence concerning the	nis matter to:		
Rohom Khonsari				
(Contact Person)				
Khonsari Law Group				
(Firm/Company)				
2438 Dr. MLK Junior Street North				
(Address)				
St. Petersburg, FL 33704				
	(City/State and Zip Code)		-	
For further information concerning this matter, please call:				
	Donald Dean	310	777-7766	
	(Name of Contact Person)		& Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing 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)







## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	• • •	it appears on the records of the Florida Department
of State is:	Wholesaling & Liquidation	on II LLC
2. The Florida docu L1400008688	_	ssigned to this limited liability company is:
3. The date this me	mber/manager withdrew/res	igned or will withdraw/resign is: Aug. 20, 2015
4. I,		
(Print N	ame of Person Resigning)	,,
	thorized Member	
(Print Title)		
of this limited lia resignation in wr	• • •	ne limited liability company has been notified of my
Shan	Lut	
Signature of Di	ssociating Member or Resig	rning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	