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COVER LETTER

_	stration Section		
SUBJECT:	Dakota711, LLC		
	(Name of	Limited Liability Co	mpany)
The enclosed	I member, resignation or dis	sociation and fee(s) are submitted for filing.
Please return	all correspondence concern	ing this matter to:	
Terrance M	I. Campbell		
	(Contact Person)		_
			_
	(Firm/Company)		
1886 Cano	va Street, Suite 101		
	(Address)	,.	_
Palm Bay,	FL 32909		
	(City/State and Zip Code)		
For further in	nformation concerning this n	natter, please call:	
Jonathan D	. Lack	321	953-5115
(N	ame of Contact Person)		& Daytime Telephone Number)
Enclosed ple ■ \$25 Filing	ase find a check made payab g Fee		Department of State for: g Fee & Certified Copy
	OURIER ADDRESS:		MAILING ADDRESS:
Registration Division of C			Registration Section Division of Corporations
Clifton Build	ling		P.O. Box 6327
	ive Center Circle Florida 32301		Taltahassee, 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)

L. The name of the	limited liability company as it appears on the records of the Floric	la Departmer	nt
of State is:	ota711, LLC		
2. The Florida docu L14000115042	ument/registration number assigned to this limited liability compar 2	ny is:	
3. The date this med Michael V. Ca	ember/manager withdrew/resigned or will withdraw/resign is:	ме 25 г Та	2019
(Print No	(ame of Person Resigning)	=	""
AMBR		26	;
	(Print Title)	A	
of this limited liab resignation in wri	bility company and affirm the limited liability company has been niting.		y E.
9	nie Campee		
Signature of Dis	ssociating Member or Resigning Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		