

	(Re	equestor's Name)	
	(Ac	ddress)	
	(Ac	ddress)	
	(Ci	ty/State/Zip/Phone	e #)
	] PICK-UP	☐ WAIT	MAIL
	(Bı	usiness Entity Nar	ne)
	(Do	ocument Number)	
Certified C	opies	_ Certificates	s of Status
Special I	nstructions to	Filing Officer:	
!  -			

Office Use Only



900303406909

09/20/17--01005--007 \*\*25.00

2017 SEP 20 PK 2: 06

K. SALY SEP 21 2017

## **COVER LETTER**

<b>TO:</b> Registration Section Division of Corporatio	ns		
SUBJECT: DM&AM LLC			
	(Name of Limited L	iability Cor	npany)
The enclosed member, resigna	tion or dissociation	and fee(s	s) are submitted for filing.
Please return all corresponden	ce concerning this r	natter to:	
Barry B. Byrd			
(Contact P	erson)		_
Pineiro Byrd PLLC			
(Firm/Con	ipany)		_
4600 Military Trail, Suite 21	2		
(Addres	s)		-
Jupiter, FL 33458			
(City/State and	l Zip Code)		_
For further information concer	ning this matter, pl	ease call:	
Barry B. Byrd	at (	561	799-9280
(Name of Contact Per			& Daytime Telephone Number)
Enclosed please find a check n  ■ \$25 Filing Fee			Department of State for: g Fee & Certified Copy
STREET/COURIER ADDR Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	ESS:		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Tallahassee, Florida 32301			·

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 records of the Florida Department	
of State is:	RAM LLC		
2. The Florida docu	ment/registration number as:	signed to this limited liability company is:	
L14000116354	1		
3. The date this me	mber/manager withdrew/resig	gned or will withdraw/resign is:	
4. 1, Barry B. Byrd  (Print Name of Person Resigning)		hereby withdraw/region as a	
(Print N	ame of Person Resigning)	, hereby whithawitesign as a	
Manager			
-	Prini Title)		
of this limited lial resignation in wri		e limited liability company has been notified of my	
Signature of Di	ssociating Member or Resign	ning Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		