## 14-000/22734

i I		
(Re	equestor's Name)	· · ·
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
· · ·	Office Use On	



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12-12-14

## **COVER LETTER**

TO: Registration Section
Division of Corporations

CR2E079 (2/14)

SUBJECT: SDMBDF LLC	•
(Name of Limited Liability Company)	
The enclosed member, resignation or dissociation and fee(s) are submitted for filing	<b>;</b> .
Please return all correspondence concerning this matter to:	
Molat Bass (Contact Person)	
(Contact Person)	
SDMB DF (Firm/Company)	
(Firm/Company)	
1700. 66 Street N	
Sand Pelosburg A 337/0 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Merceal Sust at (727) 678-9949  (Name of Contact Person) (Area Code & Daytime Telephone Nu	unber)
Enclosed please find a check made payable to the Florida Department of State for:  \$25 Filing Fee \$\infty\$55 Filing Fee & Certified Copy	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building  MAH.ING ADDRESS Registration Section Division of Corporation Division of Corporation P.O. Box 6327	
Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32 Tallahassee, Florida 32301	314



## 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 Departme	nt
of State is: SDMBDF LLC	<b>-</b> ·
2. The Florida document/registration number assigned to this limited liability company is:	
L 14000 122934	
3. The date this member/manager withdrew resigned or will withdraw/resign is: 9/17/14	, -
4. 1, DAVID FOSTER, hereby withdraw/resign as a (Print Name of Person Resigning)	
Y AMBR (Prim Title)	
of this limited liability company and affirm the limited liability company has been notified of m resignation in writing.	ıy
X OF	
Signature of Dissociating Member or Resigning Manager	
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	<u>_11</u>

CR2E079 (2/14)