L15000050295

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
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I ALBRITTON

COVER LETTER

Division of Corporations				
SUBJECT: DB RIVER RANCH HOLDING COMPANY, LLC				
(Name of Limited Liability Con	ipany)			
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to:				
DENNIS J. DORSEY				
(Contact Person)	-			
(Firm/Company)	-			
7600 S.W. 179 TERRACE	_			
(Address)				
PALMETTO BAY, FL 33157				
(City/State and Zip Code)	-			
For further information concerning this matter, please call:				
DENNIS J. DORSEY at (305	321-8888			
(Name of Contact Person) (Area Code	& 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:	MAILING ADDRESS:			
Registration Section	Registration Section			
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327			
2661 Executive Center Circle	Tallahassee, Florida 32314			
Tallahassee, Florida 32301	i bimiluosee, i ioilua 323 14			

CR2E079 (2/14)



April 13, 2019

DENNIS J. DORSEY 7600 S.W. 179 TERRACE PALMETTO BAY, FL 33157

SUBJECT: DB RIVER RANCH HOLDING COMPANY, LLC

Ref. Number: L15000050295

We have received your document for DB RIVER RANCH HOLDING COMPANY, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fee to file the form plus the certified copy is \$55.00. If you wish to request the certification, please submit the additional \$25.00 due.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

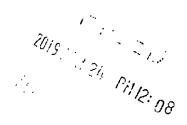
If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

2019 APR 24 PM 12: 1

Letter Number: 419A00007482





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. T	he name of the	limited liability com	pany as it appears on the records of the Florida Department
			LDING COMPANY, LLC
2. T	he Florida docu	ment/registration nu	mber assigned to this limited liability company is:
_	L1500005029	5	
3. T	he date this me	mber/manager withd	rew/resigned or will withdraw/resign is: 3/23/18
	MICHAEL P.	BONNER	, hereby withdraw/resign as a
	(Print No	ame of Person Resigning)
	MANAGER/	MEMBER	
_		(Print Title)	 -
	this limited liab		ffirm the limited liability company has been notified of my
		410	
5	Signature of Di	ssociating Member o	r Resigning Manager
		(
Filin	ng Fee:	\$25.00 (Required)
Cert	ified Conv	\$30.00 (Optional)	