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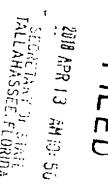
(Re	equestor's Name)			
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## **COVER LETTER**

TO:	_	stration Section sion of Corporations				
SUBJ	IECT:	DADDY GIFT LLC				
~ ~ ~ ~		(Name of Limited Liability Company)				
The e	nclosed	d member, resignation or dissoci	ation and fee(s)	) are submitted for filing.		
Please	e return	all correspondence concerning	this matter to:			
Claud	dio Be	nedetti				
		(Contact Person)	, · -	-		
Sunn	ıy Hou	ses Cons LC				
		(Firm/Company)		-		
1680	Michi	gan Ave Ste 910				
		(Address)		-		
Miam	ni Bead	ch, FL 33139				
		(City/State and Zip Code)		-		
For fu	urther i	nformation concerning this matte	er, please call:			
Claud	dio Be	nedetti	305 at (	672 4971		
	(N	lame of Contact Person)	_ \	& Daytime Telephone Number)		
Enclo \$2:	osed ple 5 Filing	ease find a check made payable t g Fee		epartment of State for: Fee & Certified Copy		
Regis	stration	OURIER ADDRESS: Section Corporations		MAILING ADDRESS: Registration Section Division of Corporations		
	on Buile	-		P.O. Box 6327		
		tive Center Circle Florida 32301		Tallahassee, 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)

The name of the limited liability co     of State is:  DADDY GIFT LLC	mpany as it appears on the records of the Florida Department
_	number assigned to this limited liability company is:
L15000062059	
3. The date this member/manager with	04/05/2018 hdrew/resigned or will withdraw/resign is:
4. I. Rita Bugane'	, hereby withdraw/resign as a,
(Print Name of Person Resign	ing)
Manager	ערר ארר פרר
(Print Title)	ZOIN APR
of this limited liability company and	affirm the limited liability company has been notified of my
resignation in writing.  Signature of Dissociating Member	Amo: So
Filing Fee: \$25.00 (Requir	ed)

Certified Copy:

\$30.00 (Optional)