## 15000088994

(Re	questor's Name)	
(Ad	dress)	
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(Cit	y/State/Zip/Phone	e #)
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## COVER LETTER

SUBJECT: D. MANATEE HOLDINGS, LLC (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Elliott Harris, Esq. (Contact Person) Elliott Harris, P.A. (Firm/Company) 111 SW 3rd Street, 6th Floor (Address) Miami, Florida 33130 (City/State and Zip Code) For further information concerning this matter, please call: Elliott Harris (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: \$55 Filing Fee & Certified Copy □ \$25 Filing Fee

## STREET/COURIER ADDRESS:

Registration Section

Division of Corporations

TO:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

P.O. Box 6327

**MAILING ADDRESS:** 

**Division of Corporations** 

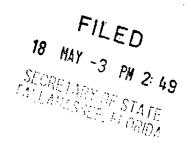
Registration Section

Tallahassee, Florida 32314

CR2E079 (2/14)







## 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:	D. MANATEE HOLDINGS, LLC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
L15000088994	<u></u>
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: _April 30,2018
4. I, URI BENHAM	ROM, hereby withdraw/resign as a a a a a a a a a a a a a a a a a a
MEMBER/MAN	AGER (Print Title)
of this limited liab resignation in wri	pility company and affirm the limited liability company has been notified of my sting.
Signature of Di	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)