

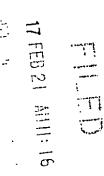
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## **COVER LETTER**

Division of Corporations					
SUBJECT: DIYM Catering LL (Name of Limited I	Liability Company)				
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.					
Please return all correspondence concerning this	matter to:				
Jaime Watter (Contact Person)					
Dyn (atering UC (Firm/Company)					
6220 Chapman St (Address)					
(City/State and Zip Code)	························				
For further information concerning this matter, pl	lease call:				
	352 36-6223 Area Code & Daytime Telephone Number)				
Enclosed please find a check made payable to the					
	\$55 Filing Fee & Certified Copy				
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327				
2661 Executive Center Circle	Tallahassee, Florida 32314				

CR2E079 (2/14)

Tallahassee, Florida 32301



## 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)

	nited liability company as it appears on the records of the Florid	•		t
2. The Florida docum	ent/registration number assigned to this limited liability compar	ıy is:		
<u>L15000</u>	101149			
3. The date this mem	ber/manager withdrew/resigned or will withdraw/resign is:	<u> </u>	-20	217
4.1, <u>Linda</u> (Print Nam	JEV915, hereby withdraw/resign as a			
Marchel (	int Title)	··.	17	
	ity company and affirm the limited liability company has been n	otified	⊡ o£my ⊵	S STATE OF THE STA
- Links	(Krown)	•		
Signature of Diss	ogiating Member or Resigning Manager		<del>or</del>	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			