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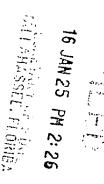
(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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JAN 2 7 2016 Y SULKER

COVER LETTER

Division of Corporations DA HOLDINGS LLC SUBJECT: (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: **BORYS ZHUKOV** (Contact Person) (Firm/Company) PO BOX 56124 (Address) JACKSONVILLE, FL 32241 (City/State and Zip Code) For further information concerning this matter, please call: (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 □ \$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

CR2E079 (2/14)

:TO:

Registration Section



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)

DAI	limited liability company a	s it appears on the records of the l	Florida Departmen
2. The Florida doc L1500010142	_	assigned to this limited liability co	ompany is:
BORYS ZHU	IKOV	signed or will withdraw/resign is:	
4. I,(Print Name of Person Resigning) AMBR		, noreoy withdraw/resign as	16 JAN 25
		he limited liability company has b	70 S
Signature of D	ssociating Member or Resi	gning Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		