L15000148347

(Re	questor's Name)			
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
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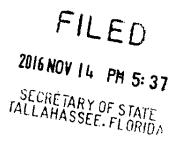
K. SALY NOV 1 7 2016

COVER LETTER

	stration Section sion of Corporations			
SUBJECT:	DAKCO, 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:		
Deidra King	3			
	(Contact Person)		_	
DAKCO, LI	_C			
	(Firm/Company)		~	
PO BOX 1	74093		·	
	(Address)		_	
Arlington, T	⁻ X 76003			
	(City/State and Zip Code)		_	
For further i	nformation concerning this matte	er, please call:		
Deidra King	9	817 at (909-1247	
(N	lame of Contact Person)		& Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida Department of State for: \$\sim\$ \$\\$25 \text{Filing Fee} \text{ For ida Department of State for:} \$\sim\$ \$\\$55 \text{Filing Fee} \text{ Certified Copy}				
Registration Division of Clifton Build 2661 Execut	Corporations		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 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)

DAK	limited liability company as it appea	ars on the records of the Florida Department
2. The Florida docu L1500014834	ument/registration number assigned t 7	to this limited liability company is:
	· ·	8/18/16 will withdraw/resign is:
Veronica Ber	rnard	
4. 1,	Name of Person Resigning)	ereby withdraw/resign as a
AP (Presiden		
Ai (i lesideli		
	(Print Title)	
of this limited lia resignation in wr		d liability company has been notified of my
Signature of	issociating Member or Resigning Ma	anager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	