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COVER LETTER

TO: Registration Section
Division of Corporations

Tallahassee, Florida 32301

CR2E079 (2/14)

SUBJECT: D&F EnterPrises 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:
Contact Person)
(Contact Person)
(Firm/Company)
1125 Villagio Cir #204
(Address)
Sara Sota FL, 34237 (City/State and Zip Code)
For further information concerning this matter, please call:
Lytle fric/S at (13) 770 36 46 (Name of Contact Person) (Area Code & Daytime Telephone Number)
(Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\sum_{\chn\chnok\chn\sum_{\sym_{\sum_{\sym_{\sym_{\sym_{\sym_{\sym_{\sym_{\sym_{\sym_{\sym_{\sym_{\sym_{\sym_{\sym_{\sym_\sym_\sym_\sym_\sym_\sym_\sym_\sin_\sin_\sin_\sin_\sin_\sin_\sin\sin_\sin_
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



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)

1. The name of the	limited liability com タモ £y			records of the Fl	lorida Departn	nent
2. The Florida docu	ment/registration nu	umber assign	ed to this lim	ited liability con	npany is:	
L15000	017223	5			5	_
· · · · · · · · · · · · · · · · · · ·	•				5/1	0/1
3. The date this men					<u> </u>	<u></u>
4.1, Natur	Otero		. hereby with	ndraw/resign as a	a This 🚍	11:
(Print No	ume of Person Resignin	g)	_,	J	52 =	- military
	Print Title)				H: 87	
(Print Title)					
	oility company and a		nited liability	company has be	en notified of	my
Nat	18					
Signature of Dis	ssociating Member	or Resigning	Manager			
Filing Fee:	\$25.00 (Require	d)				
Certified Copy:	\$30.00 (Optiona			ı	•	