

L15000198746

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

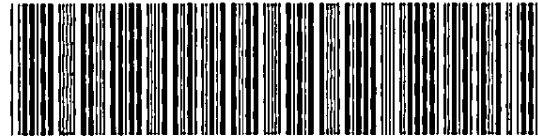
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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03/22/21--01001--091 \*\*55.00

03/22/21 PM 3:56  
CLERK  
STATE  
OFFICE  
TALLAHASSEE, FL

MAY 21 2021

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**SUBJECT:** DYAD ASSETS LLC  
(Name of Limited Liability Company)

Please return all correspondence concerning this matter to:

(Contact Person)

(Firm/Company)

(Address)

(City/State and Zip Code)

\_\_\_\_\_ at (\_\_\_\_\_) \_\_\_\_\_  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

☐ \$25 Filing Fee ☐ \$55 Filing Fee & Certified Copy

## CR2E079 (2/14)

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



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 company as it appears on the records of the Florida Department of State is: DYAD ASSETS LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L15000198746

3. The date this member/manager withdrew/resigned or will withdraw/resign is: \_\_\_\_\_

4. I, RICARDO OLIVO, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

MANAGER

*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)