L16000046895

| (Re | questor's Name) | | | |
|---|--------------------|-----------------|--|--|
| (Address) | | | | |
| (Ad | idress) | | | |
| (Cit | y/State/Zip/Phone | : #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | isiness Entity Nan | ne) | | |
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COVER LETTER

| TO: Registration Section Division of Corporations | |
|---|---|
| Division of corporations | |
| SUBJECT: DS Land Services, LLC | |
| (Name of Limi | ted Liability Company) |
| The enclosed member, resignation or dissocia | ation and fee(s) are submitted for filing. |
| Please return all correspondence concerning t | his matter to: |
| Daniel Brewer | |
| (Contact Person) | |
| DS Land Services, LLC | |
| (Firm/Company) | |
| 968 Moss Tree Place | |
| (Address) | |
| Longwood FL 32750 | |
| (City/State and Zip Code) | |
| For further information concerning this matter | er, please call: |
| Daniel Brewer | 970 846-2833 |
| (Name of Contact Person) | (Area Code & Daytime Telephone Number) |
| Enclosed please find a check made payable to \$25 Filing Fee | the Florida Department of State for: \$\square\$ \$\\$55 \text{ Filing Fee & Certified Copy}\$ |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations | MAILING ADDRESS: Registration Section Division of Corporations |
| Clifton Building | P.O. Box 6327 |
| 2661 Executive Center Circle Tallahassee, Florida 32301 | 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)

| 1. The name of the | limited liability company | y as it appears on the records of th | ie Florida D | Departi | ment |
|--|--|--|----------------------|----------|---------------------------------------|
| of State is: | Land Services, LLC | | | | <u></u> , |
| 2. The Florida doc L1600004689 | • | er assigned to this limited liability | company i | s: | |
| Shori Brown | , | resigned or will withdraw/resign, hereby withdraw/resign | | 2018 | , , , , , , , , , , , , , , , , , , , |
| (Print N | lame of Person Resigning) ember | | Y OF STA EE, FLOR | PM &: 07 | [] |
| of this limited lia resignation in wr | | n the limited liability company ha | s been noti | _ | ſmy |
| Shenc E Signature of D | YOULON issociating Member or Re | esigning Manager | | | |
| Filing Fee: | \$25.00 (Required) \$30.00 (Optional) | | | | |