L1 60000 85185

(Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Nar	me)
(Docu	ment Number)	
Certified Copies	Certificates	s of Status
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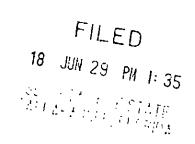
18 JUN 29 PH 1: 35

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: DOS Development L (Name of Limited Liability C	
The enclosed member, resignation or dissociation and fee	e(s) are submitted for filing.
Please return all correspondence concerning this matter to	o:
Manny Crespo	
(Contact Person)	_
(Firm/Company)	
89 NE 27th Street Suite 120	
(Address)	
Miami, FL 33127	
(City/State and Zip Code)	_
For further information concerning this matter, please cal	l:
Manny Crespo at (786	6
	de & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida	
■ \$25 Filing Fee □ \$55 Filing	ng Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

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 l	limited liability company as it appears on the records of the Florida Department
of State is:	DOS Development LLC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
L1600	00085185
3. The date this mer	mber/manager withdrew/resigned or will withdraw/resign is: Jul 29,2018
	M. De Guzman, hereby withdraw/resign as a time of Person Resigning)
MGR	Print Title)
of this limited liab resignation in writ	ility company and affirm the limited liability company has been notified of my ing.
<u> </u>	×M(n
Signature of Nis	sociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)