

11/6/2017

**L1600013629S**

Division of Corporations  
Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

(((H17000292192 3)))

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations  
Fax Number : (850)617-6383

From:

Account Name : ROBERT GRAHAM CPA & ASSOC.  
Account Number : 120070000089  
Phone : (813)260-4103  
Fax Number : (813)699-8893 **813-830-7915**

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: admin@robertgrahamcpa.com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN  
DSM FLORIDA, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$25.00

2017 NOV -6 PM 12:30

FALLAHASSEE FLORIDA

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DSM FLORIDA 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:

**ROBERT GRAHAM**

(Contact Person)

**ROBERT GRAHAM CPA, LLC**

(Firm/Company)

**1518 NORWICK DR**

(Address)

**LUTZ, FL 33559**

(City/State and Zip Code)

For further information concerning this matter, please call:

**ROBERT GRAHAM**

(Name of Contact Person)

at (813) 260-4103  
(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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TALLAHASSEE, FLORIDA

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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: DSM FLORIDA LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L16000136295

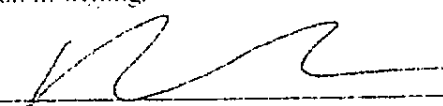
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 11/22/2017

4. I, BRYSON S RAVEN, hereby withdraw/resign as  
*(Print Name of Person Resigning)*

MGR

*(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)

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