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(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·			
(Address)					
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PICK-UP	☐ WAIT	MAIL			
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(Document Number)					
Certified Copies	Certificates	of Status			
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COVER LETTER

	egistration Section Division of Corporations				
	PDZ.LLC				
SUBJEC	(Name of L	(Name of Limited Liability Company)			
The encl	osed member, resignation or disso	ociation and fee(s) are submitted for filing.		
Please re	turn all correspondence concernir	ng this matter to:			
Michael Z	arrella				
	(Contact Person)		_		
PDZ LLC					
	(Firm/Company)		_		
8801 Astro	onaut Blvd.				
* **	(Address)		_		
Cape Cana	averal, FL 32920				
	(City/State and Zip Code)	-			
For furth	ner information concerning this ma	atter, please call:			
Michael Z	Carrella	954 at (881-5836		
	(Name of Contact Person)		& Daytime Telephone Number)		
	I please find a check made payabl filing Fee	e to the Florida I	Department of State for: g Fee & Certified Copy		
	Mailing Address:		Street Address: Registration Section		
Γ	Registration Section Division of Corporations		Division of Corporations		
	P.O. Box 6327 Fallahassee, FL 32314		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)

	limited liability company as	• •	of the Florida Department	
2. The Florida doct	ument/registration number as	ssigned to this limited liabi	ility company is:	
3. The date this me	mber/manager withdrew/res	igned or will withdraw/res	7/13/2020 ign is:	
4. I, Dustin Dileo (Print Name of Person Resigning)				
Owner	(Print Title)			
of this limited lia resignation in wr	bility company and affirm th	e limited liability company	y has been notified of my	
Signature of Di	ssociating Member or Resig	ning Manager	2020 A CECRI	
	\$25.00 (Required) \$30.00 (Optional)		FILED 2020 AUG 10 PM 3 TALLAHASSEE	