

L16000153394

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

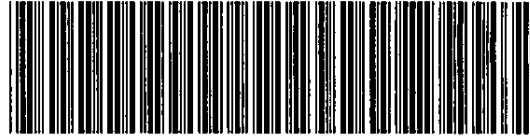
(Document Number)

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RECEIVED OF STATE  
ALLAHASSEE, FLORIDA

16 SEP 21 2016

O SIMMONS

SEP 22 2016



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 9, 2016

DANIEL WARD  
429 BARON RD  
ORLANDO, FL 32828

SUBJECT: DVA LOGISTICS LLC  
Ref. Number: L16000153394

2016 SEP 21 PM 2:36  
TALLAHASSEE, FLORIDA

We have received your document for DVA LOGISTICS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Need effective date member withdrew/resigned.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Octavia I Simmons  
Regulatory Specialist II

Letter Number: 616A00019177

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DVA Logistic LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Daniel Ward  
Name of Person

DVA Logistic LLC  
Firm/Company

429 Baron Rd.  
Address

Deland 71 32828  
City/State and Zip Code

DAN\_3516@HotMail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Daniel Ward at ( 407 ) 398 9879  
Name of Person Area Code & Daytime Telephone Number

**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

**Enclosed is a check for the following amount:**

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy



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: DVA LOGISTIC LLC

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

L16000153394

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 9/9/16

4. I, Vivian Menendez Ward 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)

16 SEP 21 2016  
TALLAHASSEE, FLORIDA  
DIVISION OF STATE