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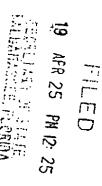
(Re	questor's Name)				
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O SIMMONS

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Dav geamur, 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:
Contact Person)
Davgegmur, LLC (Fred Company)
MR. CAREY R. GEGHAN 478 TEQUESTA DR APT 214 TEQUESTA, FL 33469-2546
(City/State and Zip Code)
For further information concerning this matter, please call:
Carey R. Gephan at (203) 232-6818 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$ Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle

Tallahassee, Florida 32301



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	imited liability compa	ny as it appears on the	e records of the		partment
of State is:	Davgegmu	a, LLO		PR 25	<u> </u>
2. The Florida docur	ment/registration numl	ber assigned to this li	mited liability co		
L17000	036424	 -		12: 25 13:11 13:11 13:11	
3. The date this men	nber/manager withdrev	w/resigned or will wit	hdraw/resign is:	April 1	2019
4.1, John	` ` .	, hereby wi			
	ber Print Title)				
of this limited liabi resignation in writi	lity company and affiring.	m the limited liability	y company has b	peen notified	d of my
Signature of Diss	ociating Member or R	Resigning Manager			
	\$25.00 (Required)				
Certified Copy:	\$30.00 (Optional)				