## L17000053349

(Re	questor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	<del>2 #)</del>
(5.	yroddor <u>zip</u> ri non	,
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nar	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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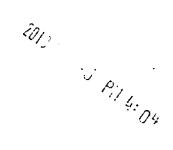
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## **COVER LETTER**

CR2E079 (2/14)

TO: Registration Section Division of Corporations	
SUBJECT: FOUR DST LLC (Name of Limited Liability Con	
The enclosed member, resignation or dissociation and fee(s	
Please return all correspondence concerning this matter to:	
MACIC Scharff (Contact Person)	_
FOUR DST LLC (Firm(Company)	_
133-15 REACL Channel DR	_
ZockAway PACM NY 1/094 (City/State and Zip Code)	_
For further information concerning this matter, please call:	
Mail Schull at 1718 (Name of Contact Person) (Area Code	
Enclosed please find a check made payable to the Florida I	,
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





## 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 Departmen
of State is:	Four DST LLC
2. The Florida docu	ument/registration number assigned to this limited liability company is:
L1700	0053349
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is: MARL 1, 201
	Reply CO. NC hereby withdraw/resign as a lame of Person Resigning)
MADRIE	WINGER (Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Mull	Lill bres DABES Zeak Come
Signature of Di	ssociating Member or Resigning Manager
	\$25.00 (Required) \$30.00 (Optional)
ceramo copy.	