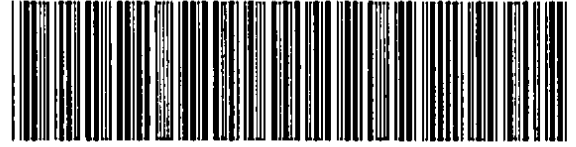


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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DAM305, 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:

RASHA R. RIVKIN

(Contact Person)

DAM305, LLC

(Firm/Company)

7612 NE 4th Ct.

(Address)

Miami, FL 33138

(City/State and Zip Code)

For further information concerning this matter, please call:

RASHA R. RIVKIN

at (786) 277-4114

(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

\$55 Filing Fee & Certified Copy

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

