## 117000107841

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J. LEGGETT JUN 1 4 2018

## COVER LETTER

TO: Registration Section		
Division of Corporations		
SUBJECT: Duality Enterprises, LLC		
(Name of	f Limited Liability Cor	npany)
The enclosed member, resignation or dis	sociation and fee(s	s) are submitted for filing.
Please return all correspondence concern	ning this matter to:	
Jim Farah		
(Contact Person)		-
Farah Law		
(Firm/Company)		-
6550 St. Augustine Road, Suite 103		
(Address)	,	_
Jacksonville, Florida 32217		
(City/State and Zip Code)		_
For further information concerning this r	natter, please call:	
Jim Farah	904 at (	443-0060
(Name of Contact Person)		& Daytime Telephone Number)
Enclosed please find a check made payab  ■ \$25 Filing Fee		Department of State for:  Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section		MAILING ADDRESS: Registration Section
Division of Corporations		Division of Corporations
Clifton Building		P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301		Tallahassee, Florida 32314

CR2E079 (2/14)



## 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)

	Imited liability company as ality Enterprises, LLC		the Florida Der	oartmer 	ni
2. The Florida doc L1700010784	ument/registration number as	signed to this limited liabili	ity company is:		
4 I	Name of Person Resigning)	gned or will withdraw/resig		1 2018	2.
	Print Titles  (bility company and affirm the	e limited liabinity company l	has been notified	d of my	<u>}</u>
Signature of D	is octoon Member or Resign	ning Manager		<b>60</b>	
Filing Fee; Certified Copy;	\$25.00 (Required) \$30.00 (Optional)			ST 12	٠