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(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
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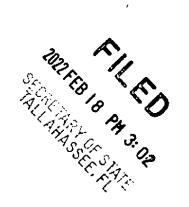
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COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: D B Property Services LLC	
(Name of Lim	ited Liability Company)
The enclosed member, resignation or dissoci	ation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
MMatthew L. Cersine	
(Confact Person)	
Matthew L. Cersine, P.L.	
(Firm/Company)	
P.O. Box 691191	
(Address)	
Orlando, FL 32869	
(City/State and Zip Code)	
For further information concerning this matter	er, please call:
Matthew L. Cersine	407 592-7326
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	o the Florida Department of State for: S55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section
Clifton Building	Division of Corporations 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)

	limited liability company as Property Services LLC	it appears on the records of the Florida Department
2. The Florida doci	ument/registration number as:	signed to this limited liability company is:
L1700016303	0	
3. The date this me	mber/manager withdrew/resi	gned or will withdraw/resign is: 02/15/2022
4. I, Brett Harris		, hereby withdraw/resign as a
(Print N	lame of Person Resigning)	, hereby withdraw/resign as a
AMBR		
	(Print Title)	
of this limited lia resignation in wr		e limited liability company has been notified of my
Sult	Vinis	
Signature of D	issociating Member or Resign	ning Manager
—	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	