

L17 000 264191

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

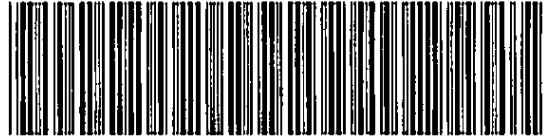
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900313070119

06/15/18--01018--014 \*\*55.00

RECEIVED  
2018 JUN 15 PM 4:44  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

R FIGUEROA

JUN 19 2018

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Digital Paradise, 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:

Chad Hastings

\_\_\_\_\_  
(Contact Person)

Digital Paradise, LLC

\_\_\_\_\_  
(Firm/Company)

10311 Pelican Oak

\_\_\_\_\_  
(Address)

San Antonio, TX 78254

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Chad Hastings

\_\_\_\_\_  
(Name of Contact Person)

at ( 210 ) 391-9719  
\_\_\_\_\_  
(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

**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 Department of State is: Digital Paradise, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L17000264191

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 6/13/2019

4. I, Chad Hastings, hereby withdraw/resign as a  
(Print Name of Person Resigning)  
Authorized Person (AMBR)  
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Chad P. Hastings  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

FILED  
2019 JUN 15 PM 4:44  
CLERK OF STATE  
TALLAHASSEE, FLORIDA