L180000 16174

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COVER LETTER

TO:	_	stration Section sion of Corporations				
		·				
SUBJ	JECT:					
		(Name of Limited Liability Company)				
The e	nclosed	d member, resignation or dissoc	iation and fee(s	s) are submitted for filing.		
Please	e returi	all correspondence concerning	this matter to:			
Mark	Nuge	nt				
		(Contact Person)	1	_		
XL P	ropert	ies & Custom Development				
		(Firm/Company)		_		
1148	B Fru	iit Cove Road				
		(Address)		_		
Jacks	sonvill	e, FL 32259				
		(City/State and Zip Code)		_		
For fu	urther i	nformation concerning this matt	er, please call:			
Mark	Nuge	ent	904 at (704-3777		
	(N	Jame of Contact Person)	_ '	& Daytime Telephone Number)		
	sed ple 5 Filing	ease find a check made payable t g Fee		Department of State for: g Fee & Certified Copy		
		OURIER ADDRESS:		MAILING ADDRESS:		
_		Section		Registration Section		
		Corporations		Division of Corporations		
	n Buile	ding tive Center Circle		P.O. Box 6327 Tallahassee, Florida 32314		
		Florida 32301		танапаѕкос, гтопца 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 D Support Services LLC	it appears on the records of the Flo	rida Dep.
2. The Florida doc L1800001617	•	ssigned to this limited liability comp	oany is:
3. The date this me	ember/manager withdrew/res	igned or will withdraw/resign is:	'14/19
C '- 11			<u> </u>
(Print)	lame of Person Resigning)	, hereby withdraw/resign as a	
Authorized M			7. m
	(Print Title)		ў. к 1. ў.
of this limited lia resignation in wr	· ·	e limited liability company has bee	n notifie
Signature of D	issociating Member or Resig	ning Manager	
•	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		