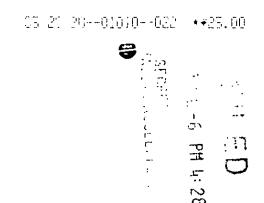
L180000 56617

(Requestor's Name)		
(Address)		
` ,		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT	MAIL	
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of S	Status	
Gertified Copies	<u></u>	
Special Instructions to Filing Officer:		
	MIL	
	41	

Office Use Only



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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 19, 2020

LELIO YAMAO 7751 KINGSPOINTE PKWY SUITE 119 ORLANDO, FL 32819

SUBJECT: DAVIDINO LLC Ref. Number: L18000056617

We have received your document and check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

Please enter a date that the member/manager withdrew/resigned or will withdraw/resign in number 3 of the form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 520A00012145

Querida R Moore Regulatory Specialist II

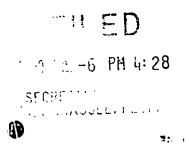
www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporations	
Division of Corporation	
DAVIDINO LLC SUBJECT:	
(Name of Limited	d Liability Company)
The enclosed member, resignation or dissociati	on and fee(s) are submitted for filing.
Please return all correspondence concerning this	s matter to:
1.ELIO YAMAO	
(Contact Person)	
TAX SOLUTIONS & BOOKKEEPING LLC	
(Firm/Company)	
7751 KINGSPOINTE PKWY - SUITE 119	
(Address)	
ORLANDO, FL 32819	
(City/State and Zip Code)	
For further information concerning this matter,	please call:
LELIO YAMAO	407 930-0829 t ()
(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:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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 i	t appears on the records of the Florida Department
2. The Florida docu £18000056617	ment/registration number ass	signed to this limited liability company is:
		gned or will withdraw/resign is: 12/31/2019, hereby withdraw/resign as a
AMBR	Print Title) illity company and affirm the	limited liability company has been notified of my
<u> </u>	Sociating Member or Resign	
	\$25.00 (Required) \$30.00 (Optional)	