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| (Re | questor's Name) | |
|-------------------------|--------------------|-----------------|
| (Ad | dress) | |
| (Ad | dress) | |
| (Cit | ry/State/Zip/Phone | : #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
| | | |
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| | | |

Office Use Only



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2020 SECRETARY OF STATE

SULKEP OCT 27 2020

COVER LETTER

| TO: Registration Section Division of Corporations | |
|---|---|
| SUBJECT: DIGITAL FUTURE MC (Name of Limited Li | Wating (ability Company) |
| The enclosed member, resignation or dissociation | and fee(s) are submitted for filing. |
| Please return all correspondence concerning this n | natter to: |
| Murad Doud (Contact Person) | |
| Digital Fotive Mark | try |
| 1770 I VE 1915+ St (Address) | - |
| Man Ft 33179 (City/State and Zip Code) | |
| For further information concerning this matter, ple | ease call: |
| (Name of Contact Person) at (A | Croa Code & Daytime Telephone Number) |
| Enclosed please find a check made payable to the l \$\times \frac{1}{2} \\$25 Filing Fee | Florida Department of State for: 55 Filing Fee & Certified Copy |
| Mailing Address: Registration Section Division of Corporations | Street Address: Registration Section Division of Corporations |

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E079 (2/14)

P.O. Box 6327

Tallahassee, FL 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: <u>D</u> | gital Future Markting |
| 2. The Florida docu | ment/registration number assigned to this limited liability company is: |
| T18000 | 10937a1 |
| 3. The date this men | mber/manager withdrew/resigned or will withdraw/resign is: 21.15120 |
| 4. 1, Payler (Print No. | me of Person Resigning), hereby withdraw/resign as a |
| <u></u> | Print Title) |
| of this limited liab | ility company and affirm the limited liability company has been notified of my ting. |
| Por di | |
| Signature of Dis | sociating Member or Resigning Manager |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) |
| centified copy. | \$30.00 (Optionar) |