## L180000095774

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## **COVER LETTER**

**TO:** Registration Section Division of Corporations

SUBJECT: DRT RESTORATION 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:
Daniel Lewis (Contact Person)
DRT Restoration LLC (Firm/Company)
8211 FUREST CT
SAINT AUGUSTINE FL 32092 (City/State and Zip Code)
For further information concerning this matter, please call:
DANIEL LEWIS at 904, 894-6057 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  S25 Filing Fee
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

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 li	imited liability company a	s it appears c	on the records o	of the Florida Depa	rtment
of State is: $\overline{\mathbb{D}R}$	CT RESTORA	TION	UC		
2. The Florida docum	ment/registration number a	ssigned to th	nis limited liabi	lity company is:	
<u>L180</u>	00098774				
3. The date this mem	nber/manager withdrew/re	signed or wil	l withdraw/resi	gn is: DECEMBE	V L ZUZO
4. I, Ronau (Print Nar	ne of Person Resigning)	, hereb	y withdraw/res	ign as a	
AMBR	rint Title)				
of this limited liabi resignation in writi	lity company and affirm ting.	he limited lia	ibility company	has been notified	of my
Kunles	Pan an				
Signature of Diss	sociating Member or Resi	gning Manag	ger		ל י י
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			73 AQN 1.2	
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