

L1800018744Z

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

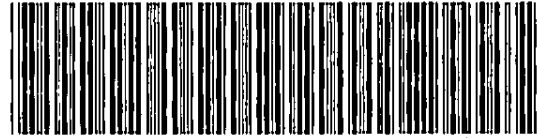
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



200360501592

02/22/21--01038--002 \*\*55.00

APR 07 2021  
R. HUNT

2021 FEB 22 PM 12:07

DIVISION OF CLERK OF COURT

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DTB PROPERTY MANAGEMENT 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 BOWER / MAGGIE GOODMAN

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

DTB PROPERTY MANAGEMENT LLC

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

2629 BARRETT RD.

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

JACKSONVILLE, FL 32216

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

For further information concerning this matter, please call:

MAGGIE GOODMAN

904 362-1240  
at ( )

\_\_\_\_\_  
(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:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



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: DTB PROPERTY MANAGEMENT LLC
2. The Florida document/registration number assigned to this limited liability company is:  
L18000187442
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 1/15/2021
4. I, KIMBERLY JAMES, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
MANAGER  
*(Print Title)*

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

Notarized by  
Kimberly James  
Signature of Dissociating Member or Resigning Manager

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

2021 FEB 22 PM 12:07

Division of Corporations  
Office of the Secretary of State  
Tallahassee, Florida



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: DTB PROPERTY MANAGEMENT LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L18000187442

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 1/15/2021

4. I, KIMBERLY JAMES, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

MANAGER

*(Print Title)*

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

*(Signature of)*

Kimberly James

Signature of Dissociating Member or Resigning Manager

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

2021 FEB 22 PM 12:07

Division of Corporations