## 118000733047

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## **COVER LETTER**

_	ation Section n of Corporations				
SUBJECT: D	YCANI, LLC				
_	(Name of Limit	(Name of Limited Liability Company)			
The enclosed n	nember, resignation or dissocia	tion and fee(s	s) are submitted for filing.		
Please return a	Il correspondence concerning t	his matter to:			
DYLAN N JONE	S.				
	(Contact Person)		ub-		
DYCANI, LLC					
	(Firm/Company)	-	<del>-</del>		
1414 W SWANN	AVE, SUITE 100				
	(Address)		_		
TAMPA, FL 336	06				
	(City/State and Zip Code)		_		
For further info	ormation concerning this matte	r, please call:			
DYLAN N JONE	=' <del>=</del> '	\$13 at (	410-1463		
(Nan	ne of Contact Person)		& Daytime Telephone Number)		
Enclosed pleas	se find a check made payable to	the Florida E	Department of State for:		
■ \$25 Filing F	<sup>2</sup> ec	S55 Filing	g Fee & Certified Copy		
	Address:		Street Address:		
	ation Section on of Corporations		Registration Section Division of Corporations		
P.O. Bo	ox 6327		The Centre of Tallahassee		
Tallaha	issee, FL 32314		2415 N. Monroe Street, Suite 81 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	s it appears on the records of t	the Florida Departme	:nt -		
2. The Florida docu L18000233047	nment/registration number a	ssigned to this limited liability	y company is:			
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resign	April 1, 2022	_		
4. I, DOUGLAS N JONES  (Print Name of Person Resigning)		, hereby withdraw/resign as a				
MANAGER	(Print Title)					
of this limited lial resignation in wr	bility company and affirm th	ne limited liability company h	as been notified of m	ıy		
	\$25.00 (Required) \$30.00 (Optional)		1022 JUN 29 PI	77 = 17:		

CR2E079 (2/14)