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JUL 2 9 2021

J. Kinse

## **COVER LETTER**

SUBJECT: DAC SAN FLORIDA 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: Trong Nguyen (Contact Person) Dac San Florida LLC (Firm Company) 425 Belair Ave (Address) Merritt Island, FL 32953 (City/State and Zip Code) For further information concerning this matter, please call: Trong Nguyen at (<u>972</u>) <u>655-6737</u> (Area Code & Daytime Telephone Number) (Name of Contact Person) 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 The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

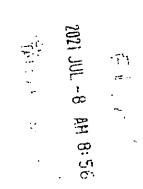
Tallahassee, FL 32303

TO:

Registration Section Division of Corporations



## 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>DAC</u>	SAN FLORIDA LLC
2. The Florida doci	ument/registration number assigned to this limited liability company is:
1.18000271965	
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: July 5, 202
4. I, THU DANG	, hereby withdraw/resign as a lame of Person Resigning)
MANAGER	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
thu	daug
	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)