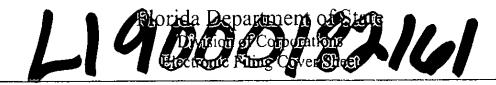
FROM: 5612934213, July 11 2 05/18/2020 08:33 AM TO:18506176383 Page:



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H200001356313)))



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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : ACCOUNT BOOKKEEPING CORP

Account Number : I20120000055 Phone : (407)898-1757

Fax Number : (407)897-5336

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: info@abkcorp. Com

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN D&E FLORIDA SERVICES LLC

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MAY 1 9 2020

Page: 3 05/18/2020 08:33 AM TO:18506176383 FBOM:5612934213

COVER LETTER 3

Division of Corporations	
D&E FLORIDA SERVICES LLC SUBJECT:	
(Name of Limited I.	liability Company)
The enclosed member, resignation or dissociation	and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to:
LETICIA SANTOS	
(Contac: Person)	
ACCOUNT BOOKKEEPING COR	
(Firm/Company)	
5301 CONROY ROAD SUITE 140	
(Address)	<u></u>
ORLANDO - FL 32811	
(City/State and Zip Code)	
For further information concerning this matter, p	lease call:
LETICIA SANTOS	8981757
(Name of Contact Person)	Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the ■ \$25 Filing Fee	e Florida Department of State for: \$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

CR2E079 (2/14)

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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 of State is:	s it appears on the records of the Florida Department
2. The Florida document/registration number a	ssigned to this limited liability company is:
3. The date this member/manager withdrew/res	signed or will withdraw/resign is:
4. I, WILLIAMS PORTUGAL JUNIOR (Print Name of Person Resigning)	, hereby withdraw/resign as a
MGR (Print Title)	
of this limited liability company and aftirm thresignation in writing.	ne limited liability company has been notified of my
Ethers	
Signature of Dissociating Member or Resig	gning Manager
d)	