L19 000 254 344

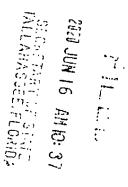
(Re	equestor's Name)			
(Ad	ldress)			
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(Cil	ty/State/Zip/Phone	: #)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nam	ne)		
(Document Number)				
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COVER LETTER

TO:	Registration Section		
	Division of Corporations		
SUBJ	JECT: DBT Orlando, LLC		
	(Name of Li	mited Liability C	Company)
The e	nclosed member, resignation or disso	ciation and fee	e(s) are submitted for filing.
Please	e return all correspondence concerning	g this matter to	0:
Maribe	el Rodriguez		
	(Contact Person)		
DBT C	Orlando, LLC		
	(Firm/Company)		
978 D	ouglas Ave, Suite 107		
	(Address)		
Altamo	onte Springs, FL 32714		
	(City/State and Zip Code)	-	
For fu	irther information concerning this mat	tter, please cal	1:
Maribo	el Rodriguez	407 at (754-6967 }
	(Name of Contact Person)	(Area Cod	de & Daytime Telephone Number)
Enclo	sed please find a check made payable	to the Florida	Department of State for:
	5 Filing Fee		ng Fee & Certified Copy
	Mailing Address:		Street Address:
	Registration Section Division of Corporations		Registration Section
	P.O. Box 6327		Division of Corporations The Centre of Tallahassee
	Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810
	1 ananassee, 1 L 32314		Tallahassee, FL 32303

CR2E079 (2/14)

RECEIVED MAY 1 3 2020



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 of State is:		it appears on the records of the Florida Department
2. The Florida docu £19000254344	ıment/registration number a	ssigned to this limited liability company is:
3. The date this me	mber/manager withdrew/res	igned or will withdraw/resign is:
Erio Olin		, hereby withdraw/resign as a
Manager		
	(Print Title)	
of this limited lial resignation in wr		ne limited liability company has been notified of my
Signature of Di	ssociating Member or Resig	
	\$25.00 (Required) \$30.00 (Optional)	JUNIO AM 10: 37