L19000282012

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
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2019 DEC 16 PM 5: 32 Süde Evanasser (F)

COVER LETTER

•	stration Section sion of Corporations			
SUBJECT:	DANIEL C KESSLER, LLC			
	(Name of Limited Liability Company)			
The enclosed	d member, resignation or dissocia	tion and fee(s) are submitted for filing.	
Please return	all correspondence concerning t	his matter to:		
ELIZABETH A	ANN KESSLER			
	(Contact Person)		-	
DANIEL C KE	SSLER, LLC			
	(Firm/Company)		-	
103 SWEETV	VATER TRAIL			
	(Address)		-	
BUNNELL FL	ORIDA 32110			
	(City/State and Zip Code)		-	
For further in	nformation concerning this matter	r. please call:		
ELIZABETH F		386 at (866-4090	
(N	ame of Contact Person)	\ 	& Daytime Telephone Number)	
Enclosed ple \$25 Filing	ase find a check made payable to g Fee		Pepartment of State for: Fee & Certified Copy	
Regis Divis P.O. l	ng Address: stration Section ion of Corporations Box 6327 hassee, 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)

	limited liability company as	s it appears on the record	s of the Florida Department
2. The Florida doc L19000282012	ument/registration number as	ssigned to this limited lia	ability company is:
ELIZABETH A	ember/manager withdrew/res KESSLER Came of Person Resigning)		
	MEMBER (Print Title) bility company and affirm th	ne limited liability compa	iny has been notified of my
resignation in wr	iting.	de	2019 DEC 16
Filing Fee:	issociating Member or Resig \$25.00 (Required) \$30.00 (Optional)	ning Manager	C 16 PH 5:3