Division of Corporations

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(((H20000109288 3)))



To:		RESH/RELOAD button on your browser fr will generate another cover sheet.	
	Division of C		
	Fax Number	: (850)617-6383	•
From:			- ' ,
	Account Name	: J.KEVIN DRAKE,P.A.	·
	Account Numbe	r : 1200200 000 02	<u> </u>
	Phone	: (941)954-7750	F**
	Fax Number	: (941)951 -150 9	
		address for this business entity to be u	

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN DC ENTERPRISES OF SARASOTA LLC

Certificate of Status	0
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COVER LETTER

TO:	Regist Divisi	tration Section ion of Corporations				
SUBJI	г <i>С</i> Т∙	DC ENTERPRISES OF SARASOTA	LLC			
SCDO	ECI.	(Name of Limited Liability Company)				
The en	aclosed	member, resignation or dissociate	ion and fee(s) are submitted for filing.		
Please	return	all correspondence concerning the	is matter to:			
		J. KEVIN DRAKE, ESQ.				
		(Contact Person)		-		
		J. KEVIN DRAKE, P.A.				
	<u> </u>	(Firm/Company)				
		1432 FIRST STREET				
		(Address)		_		
		SARASOTA, FL 34236				
		(City/State and Zip Code)		_		
For fu	irther in	nformation concerning this matte	r, please call:			
J. KEV	VIN DR.	AKE, ESQ.	941 at (954-7750		
	(N	ame of Contact Person)	(Area Code	& Daytime Telephone Number)		
	sed ple 5 Filin	ease find a check made payable to g Fee	the Florida I	Department of State for: g Fee & Certified Copy		
	Regi: Divis P.O.	ng Address: stration Section sion of Corporations Box 6327 shassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		
CR2E0	079 (2/L4)	3		(((H20000109288 3 <u>)</u>))		

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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)

of State-is:	NTERPRISES OF SARASC	TALLC
2. The Florida docu 1.20000089250	ument/registration numb	er assigned to this limited liability company is:
3. The date this me	mber/manager withdrev	v/resigned or will withdraw/resign is: APRIL 1, 2020
(Print No	aine of Person Resigning)	, hereby withdraw/resign as a
MANAGER		
	(Print Title)	
of this limited liab resignation in wri		m the limited liability company has been notified of my
Mi	<u></u>	
Signature of Di Douglas D	issociating Member or I , Killan	Resigning Manager
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)	

CR2E079 (2/14)