

L20000301328

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

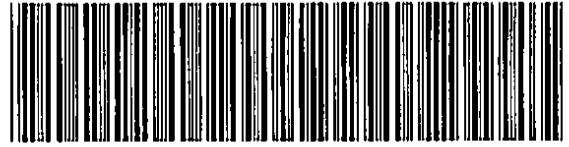
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600367924186

06/22/21--01009--017 **25.00

JUL 21 2021 PM 2:29

JUL 21 2021

COVER LETTER

TO: Registration Section
Division of Corporations

Da Kine Poke GVille, LLC

SUBJECT: _____
(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:

Herman Camarena

(Contact Person)

NA

(Firm/Company)

954 Piedmont Oaks Drive

(Address)

Apopka, FL 32703

(City/State and Zip Code)

For further information concerning this matter, please call:

Steven R. Palacio

407

952-9530

(Name of Contact Person)

at ()

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$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



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: Da Kine Poke Gville, LLC

2. The Florida document/registration number assigned to this limited liability company is:

120000301328

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 6/3/2021

Brian Starks

4. I, _____, hereby withdraw/resign as a

(Print Name of Person Resigning)

MGR

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

[Signature]
Signature of Dissociating Member or Resigning Manager

Last Weekend of August

Filing Fee: \$25.00 (Required)

Certified Copy: \$30.00 (Optional)