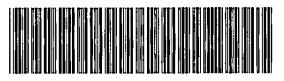
K20 (000) 314391

	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to	——————————————————————————————————————	
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Office Use Only



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C KINREY

COVER LETTER

TO: Registration Section Division of Corporations		
•		
SUBJECT: D2T Group, LLC		
(Name of I	Limited Liability C	Company)
The enclosed member, resignation or disse	ociation and fec	e(s) are submitted for filing.
Please return all correspondence concerni-	ng this matter to	o:
Thomas D Martens		
(Contact Person)		
D2T Group, LLC (Firm/Company)		<u> </u>
(, iiii eeiipaig)		
1315 S. Ocean Drive		
(Address)		_
Fort Lauderdale, FL 33316 (City/State and Zip Code)		
(City/State and Zip Code)		
For further information concerning this m	atter, please cal	1:
Thomas D Martens	at (<u>305</u>) <u>469-0497</u>
(Name of Contact Person)	(Area Cod	de & Daytime Telephone Number)
Enclosed please find a check made payabl	le to the Florida	Department of State for:
■ \$25 Filing Fee		ng Fee & Certified Copy
Mailing Address:		Street Address:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
P.O. Box 6327		The Centre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810
		Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

92: JUL -9 AM 10: 56

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: D2T	Group, LLC
2. The Florida docu	iment/registration number assigned to this limited liability company is:
1.20000314391	······································
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 07/02/2021
4. I. David B. Taylor (Print N	, hereby withdraw/resign as a fame of Person Resigning)
Manager	(Print Title)
of this limited lial resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Signature of Di	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)