KZ1 0000 44570

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	_ -
Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer:	
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COVER LETTER

TO:	Registration Section
	Division of Corporations

SUBJECT: DS ON Time Dolivery Services
(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:

Darryan Kryant (Contact Person)

DBS ON Time delivery Services

730 N. Old Couchman Rol,

Clearwater Fl 33765

For further information concerning this matter, please call:

Davryan Bryant at (727) 301-6996

(Name of Contact Person) (Area Code & Daytime Telephone Number)

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)

	imited liability company as	• •		Depart	ment
of State is:	S ON Time Do	clivery Sorvice	<u>S</u>		·
	ment/registration number as	\mathcal{L}		is:	
	×44870		,	i	
3. The date this men	nber/manager withdrew/resi	gned or will withdraw/res	ign is: <u>6</u>	5 I s	<u>人</u>
4. I. Meloda	me of Person Resigning)	, hereby withdraw/res	sign as a	•	
MAnger	Print Title)				
of this limited liab resignation in writ	ility company and affirm the	e limited liability company	y has been noti	ified o	f my
M. (Jun.		, , , , , , , , , , , , , , , , , , ,	2022	
Signature of Dis	sociating Member or Resign	ning Manager	CL ABAS	2022 JUL 15	-335
-	\$25.00 (Required) \$30.00 (Optional)		ASSEE	15 AM 10:	
• •	•		严重	÷.	