

L21000 124 896

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

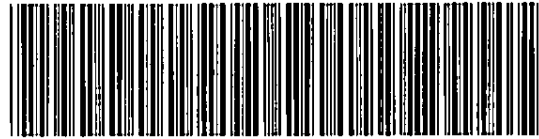
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SB 5-20-25

SECRETARY OF STATE
TALLAHASSEE, FLORIDA
2005 APR -3 PM 1:41
5:11:10

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DD & CF Properties, LLC
(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:

Diane M. Dramko
(Contact Person)

DD & CF Properties, LLC
(Firm/Company)

1423 SE 16th Place, Suite #102
(Address)

Cape Coral, FL 33990
(City/State and Zip Code)

For further information concerning this matter, please call:

Diane Dramko at (239) 770-8919
(Name of Contact Person) (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

2025 APR -3 PM 1:41
SECRETARY OF STATE
TALLAHASSEE



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)

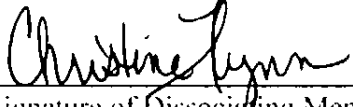
1. The name of the limited liability company as it appears on the records of the Florida Department of State is: DD & CF Properties, LLC

2. The Florida document/registration number assigned to this limited liability company is L21000124896

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 02/07/2025

4. I, Christine M. Flynn, hereby withdraw/resign as a MGR
(Print Name of Person Resigning) *(Print Title)*

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


Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA