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COVER LETTER

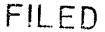
TO: Registration Section Division of Corporations		
SUBJECT: D.A Delights Services UC (Name of Limited Liability Company)		
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to:		
Antonia Magloire		
D.A Delights Services UC (Firm/Company)		
7499 NW 3319St		
HOLLYWOOD FL 33024 (City/State and Zip/Code)		
For further information concerning this matter, please call:		
JAZMIN MAGIOINU at 954, 548-1383 (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:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee		

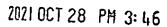
2415 N. Monroe Street, Suite 810

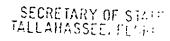
Tallahassee, FL 32303

CR2E079 (2/14)

Tallahassee, FL 32314









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 com of State is:	pany as it appears on the records of the Florida Department Services UC
2. The Florida document/registration nu	umber assigned to this limited liability company is:
3. The date this member/manager withd 4. I, ANTONIO MOGIO (Print Name of Person Resigning (Print Hile)	
of this limited liability company and a resignation in writing. Signature of Dissociating Member of	ffirm the limited liability company has been notified of my
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	