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TO: Registration Section

Division of Corporations		
FAMILY D & C LLC SUBJECT:		
	Limited Liability C	Company)
The enclosed member, resignation or diss	ociation and fee	e(s) are submitted for filing.
Please return all correspondence concerni	ng this matter to	o:
JUDITH DAL FARRA		
(Contact Person)	-	_
JUDITH DAL FARRA CPA		
(Firm/Company)		
1465 NW 97TH AVE		
(Address)		
DORAL, FL 33172		
(City/State and Zip Code)		
For further information concerning this m	atter, please cal	II:
JUDITH DAL FARRA	305 at (216-8667
(Name of Contact Person)		de & Daytime Telephone Number)
Enclosed please find a check made payabl \$\Boxed{\Boxes}\$ \$25 Filing Fee		Department of State for: ng 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

CR2E079 (2/14)



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)

of State is:Fz	AMILY D&C LLC		·
2. The Florida doc L22000041606	•	ssigned to this limited liability co	ompany is:
DUDDACKA	TOVAD VILLAGANG	signed or will withdraw/resign is:, hereby withdraw/resign as	
MANAG			
of this limited lia resignation in wr	bility company and affirm the iting.	ne limited liability company has b	_
Filing Fee:	issociating Member or Resig \$25.00 (Required) \$30.00 (Optional)	ning Manager	SHARETARY OF STA