## 123000324231

(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.		

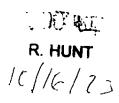




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10/16/23--01013--002 \*\*55.00

DIVISION OF CORPORATION



## **COVER LETTER**

Division of Corporations			
DIA Services LLC SUBJECT:			
	imited Liability Company)		
The enclosed member, resignation or disso	ociation and fee(s) are submitted for filing.		
Please return all correspondence concernir	ng this matter to:		
James Buie			
(Contact Person)	<del></del>		
Dia Services LLC		202	: :
(Firm/Company)		3 OC1	CITIOPUN UT
4602 Orlando Cir		2023 OCT 16 PH 12: 40	57
(Address)		뫔	CORTORAGE
Bradenton, Florida 34207		2: 4(	1
(City/State and Zip Code)		_	
For further information concerning this ma	atter, please call:		
James Buie	540 3226616 at ( )		
(Name of Contact Person)	(Area Code & Daytime Telephone Number)		
Enclosed please find a check made payable ☐ \$25 Filing Fee	e to the Florida Department of State for:  ### \$55 Filing Fee & Certified Copy    Compare Copy		
Mailing Address:	Street Address:		
Registration Section	Registration Section		
Division of Corporations	Division of Corporations		
P.O. Box 6327	The 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 company	as it appears on the records of the Florida Department
of State is: DIA S	SERVICES LLC	<del> · · · · · · · · · · · · · · · · ·</del>
2. The Florida doc: 1.23000324231	ument/registration number	assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/r	resigned or will withdraw/resign is: 10/11/2023
Com V Dodlosak		, hereby withdraw/resign as a
Member		
<del></del>	(Print Title)	•
of this limited lia resignation in wr		the limited liability company has been notified of my
Signature of Di	issociating Member or Res	igning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	
Continua Copy.	φουίου (Optional)	22