

L24000409014

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** DR TD 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: \_\_\_\_\_

Tara A DiBattisto  
\_\_\_\_\_  
(Contact Person)

DR TD LLC  
\_\_\_\_\_  
(Firm/Company)

124 Preserve Dr  
\_\_\_\_\_  
(Address)

Royal Palm Beach, FL 33411  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Tara A DiBattisto at ( 561 ) 809-5752  
\_\_\_\_\_  
(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



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: DR TD LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L24000409014

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 01/01/2025

4. I, Nicholas DiBattisto, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
MGR Managing Member  
*(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)

01/01/2025  
2025 JAN 17 PM 2:55  
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