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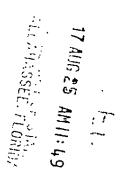
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## **COVER LETTER**

SUBJECT:  Aluminum Design Products, 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:  Alessandra Bianchini  (Contact Person)  (Firm/Company)  1450 SW 10th Street, Suite 8  (Address)  Delray Beach, FL 33444  (City/State and Zip Code)  For further information concerning this matter, please call:  Joseph Carosella  (Name of Contact Person)  (Name of Contact Person)  (Name of Contact Person)  Enclosed please find a check made payable to the Florida Department of State for:  1525 Filing Fee  STREET/COURIER ADDRESS:  Registration Section  Division of Corporations  Clifton Building  P.O. Box 6327	TO: Registration Section Division of Corporations	
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Alessandra Bianchini  (Contact Person)  (Firm/Company)  1450 SW 10th Street, Suite 8  (Address)  Delray Beach, FL 33444  (City/State and Zip Code)  For further information concerning this matter, please call:  Joseph Carosella  (Name of Contact Person)  (Name of Contact Person)  Enclosed please find a check made payable to the Florida Department of State for:  (DE 25 Filing Fee  STREET/COURIER ADDRESS:  Registration Section  Division of Corporations  Clifton Building  P.O. Box 6327	The enclosed member, resignation or diss	ociation and fee(s) are submitted for filing.
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Clifton Building P.O. Box 6327	_	<u> </u>
2661 Executive Center Circle Tallahassee, Florida 32314	2661 Executive Center Circle	

Tallahassee, Florida 32301

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)

1. The name of the	e limited liability company a	as it appears on the records of the Fl	orida Dep	artment
of State is: Alui	minum Design Products, I	LLC		
2. The Florida doc	cument/registration number a	assigned to this limited liability con	npany is:	
L1400016918	32			17 A
3. The date this me	ember/manager withdrew/re	signed or will withdraw/resign is:	August 23	3,201
4. I,		, hereby withdraw/resign as a		<b>★</b> .77
(Print )	Vame of Person Resigning)		9:	- :
Authorized M	lember			67
	(Print Title)			
of this limited lia resignation in w	ability company and affirm triting.	he limited liability company has be	en notifiec	d of my
	Coose M			
Signature of D	issociating Member or Resi	gning Manager		
Filing Fee:	\$25.00 (Required)			
Certified Copy:	\$30.00 (Ontional)			