

L00 0000 02050

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

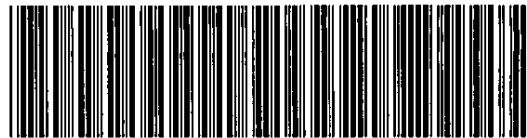
Special Instructions to Filing Officer:

RECEIVED

2017 MAY -8 PM 4:39

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Office Use Only



500298672775

05/09/17--01005--006 **25.00

FILED

2017 MAY -8 AM 10:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MAY 10 2017
J. HARRIS

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Constructure Design Group, 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:

Steven Leeds
(Contact Person)

Constructure Design Group, LLC
(Firm/Company)

250 E ROYAL PALM ROAD #2A
(Address)

Boca Raton, FL 33432
(City/State and Zip Code)

For further information concerning this matter, please call:

Steven Leeds at (561) 998.2427
(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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 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: Constructure Design Group, LLC

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

L0000000 2050

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 5/1/17

4. I, WILLY BONKERS, Inc., hereby withdraw/resign as a
(Print Name of Person Resigning)

MEM

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

STEVEN LEEDS
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

FILED
2017 MAY - 8 AM 10:30
SECRETARY OF STATE
TALLAHASSEE FLORIDA