

L03000019352

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

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01/17/17--01015--001 \*\*35.00

02/06/17--01007--001 \*\*20.00

FILED  
2017 FEB -3 AM 8:47  
FEB 06 2017

M. MILLIGAN

FEB 06 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 19, 2017

J DESIGN GROUP  
ATTN: PABLO CORREDOR  
225 MALAGA AVE  
CORAL GABLES, FL 33134

SUBJECT: LOGIK L.L.C.  
Ref. Number: L03000019352

We have received your document for LOGIK L.L.C. and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a corporation, but your entity is a limited liability company. Please complete and return the enclosed blank form(s).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Michelle Milligan  
Senior Section Administrator

Letter Number: 117A00001169

A CHECK OF \$20.00 IS INCLUDED FOR THE DIFFERENCE  
OF FILING FEE + CERTIFIED COPY - \$55.00.

THANK YOU.

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** LOGIK, 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:

PABLO CORREDOR  
(Contact Person)

J. DESIGN GROUP  
(Firm/Company)

225 MALAGA AVE.  
(Address)

CORAL GABLES, FL 33134  
(City/State and Zip Code)

For further information concerning this matter, please call:

TONY ARROYO at ( 305 ) 567-2885  
(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  
(DIFFERENCE INCLUDED).

**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

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**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: LOGIK, LLC

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

L03000019352

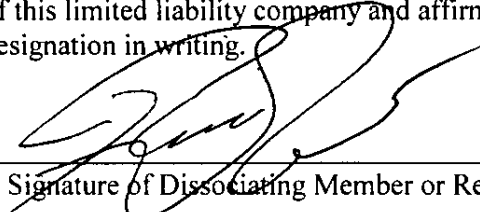
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 1/30/17

4. I, PABLO CORREDOR, hereby withdraw/resign as a  
(Print Name of Person Resigning)

DIRECTOR

(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)