## L03000020372

(Re	equestor's Name)	
(Ac	ldress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Name)	
(Dc	ocument Number)	
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Certified Copies	_ Certificates of	Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

TO: Registration Section	
Division of Corporations	
SUBJECT: Technology By Design I	
(1	Name of Limited Liability Company)
The enclosed member, resignation	or dissociation and fee(s) are submitted for filing.
Please return all correspondence o	oncerning this matter to:
Thomas Casper	
(Contact Person	1)
Technology By Design LLC	
(Firm Company	y)
9020 Bellhurst Way #102	
(Address)	
West Palm Beach, FL 33411	
(City/State and Zip	Code)
For further information concerning	g this matter, please call:
Thomas Casper	561 847-0300 at ()
(Name of Contact Person)	
Enclosed please find a check mad-	e payable to the Florida Department of State for:
■ \$25 Filing Fee	\$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations The Centre of Tallahassee
P.O. Box 6327 Tallahassee, FL 32314	2415 N. Monroe Street, Suite 81
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Tallahassee, FL 32303

CR2E079 (2/14)



## 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: Techn	ology By Design LLC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
L03000020372	
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: September 9, 2020
4. I, Thomas J Casper	, hereby withdraw/resign as a ame of Person Resigning)
(Print N	ime of Person Resigning)
President and Trea	surer
	Print Title)
resignation in wr	rafil 14
Signature of Di	ssociating Member or Resigning Manager
	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)

CR2E079 (2/14)