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(Re	questors mame)			
(Ad	ldress)			
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(Cit	ty/State/Zip/Phon	e #)		
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Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				
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SECRETARY OF STATE ON STORE OF CORPORATIONS

COVER LETTER

Registration Section
Division of Corporations

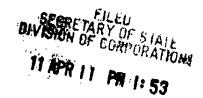
Tallahassee, Florida 32301

CR2E079 (5/06)

TO:

SUBJECT: RED DESIGN	STEOUP, LLC
(Name of Limite	d Liability Company)
The enclosed member, managing member or managing.	nanager resignation and fee(s) are submitted for
Please return all correspondence concerning th	is matter to:
EDUAZDO H. MUHI,	NA.
(Contact Person)	
(Firm/Company)	
6317 SW 10 STIFE (Address)	ET
(Address)	
WEST MIAM FL. 3 (City/State and Zip Code)	33144
For further information concerning this matter,	please call:
EDUAADO H. MUHINA a (Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to t \$25 Filing Fee	
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building 2661 Executive Center Circle	P.O. Box 6327
2001 Executive Center Circle	Tallahassee, Florida 32314





FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of the	limited liability company as	it appears on the records	of the Florida Department
of State is:	RED DESIGN G	eoup, LC	·
	ility company was organized	under the laws of:	
	ument/registration number of	this limited liability com	pany is:
4.1, Doniel (Print N	+ . GARCIA Jame of Person Resigning)	, hereby resign as a _	MGRM (Print Title)
of this limited lial resignation in wr	bility company and affirm the iting.	limited liability compan	y has been notified of my
	3		
Signature of Resi	gning Member, Managing M	ember or Manager	
	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		