

LO5000038960

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

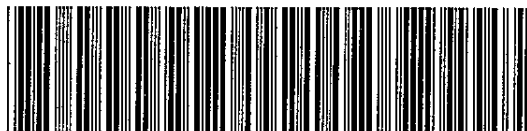
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DIVISION OF CORPORATIONS  
2006 MAY 12 PM 2:22

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** John DeCarlo Designs LLC  
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Resignation of Member, Managing Member or Manager and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

John DeCarlo  
(Name of Person)  
John DeCarlo Designs LLC  
(Firm/Company)  
1232 Paradise Way  
(Address)  
Venice FL 34285  
(City/State and Zip Code)

COMPANY  
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DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

John DeCarlo at (941) 416-0888  
(Name of Person) (Area Code & Daytime Telephone Number)

**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

Enclosed is a check for the following amount:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &  
Certified Copy



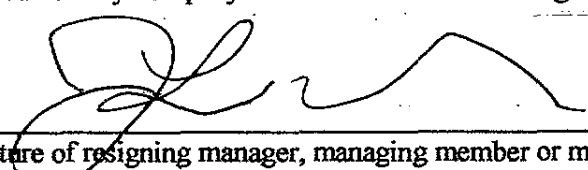
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER**

I, Tom McKillips, hereby resign as Managing Member  
(Title)  
of John De Carlo Designs LLC  
(Limited Liability Company)

a limited liability company organized under the laws of the State of \_\_\_\_\_

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

  
(Signature of resigning manager, managing member or member)

**FILING FEE IS \$25.00**

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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