L06000011114

(Requestor's Name)		
(Address)		
(Address)		
. (Address)		
. (National)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
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Special Instructions to Filing Officer:		
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Tag Design LLC	
(Name of Limi	ted Liability Company)
The enclosed member, managing member or filing.	manager resignation and fee(s) are submitted for
Please return all correspondence concerning	this matter to:
Andrew Tagliamonte	
(Contact Person)	
Tag Design LLC	
(Firm/Company)	
100 Bayview Drive #2023	
(Address)	
Sunny Isles Beach, FL 33160	
(City/State and Zip Code)	
For further information concerning this matte	r, please call:
Andrew Tagliamonte	at (305) 397-5940
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to	
\$25 Filing Fee	\$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section Division of Corporations	Registration Section Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	Tallahassee, Florida 32314

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	e limited liability company a g Design LLC	s it appears on the records of the Florida Department
2. This limited lial Florida	oility company was organize	d under the laws of:
3. The Florida doc L06000049		of this limited liability company is:
4. I, Marisa Stil		, hereby resign as a <u>managing men ber</u>
•	Name of Person Resigning)	(Print Title)
of this limited lia resignation in w		ne limited liability company has been notified of my
NV.		
Signature of Res	igning Member, Managing N	Member or Manager
Filing Fee:	` .	23
Certified Copy:	\$30.00 (Optional)	