# Lb6000061837

(Requestor's Name)					
(Address)					
•					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Dusiness Littly Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					
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2009 AUG 27 PH 4: 33
SECRETARY OF STATE SECRETARY OF STATE ORIDA

C. LEWIS

AUG 2 8 2009

EXAMINER

#### **COVER LETTER**

TO:	_	Registration Section				
	Divis	sion of Corporations				
SUBJ	JECT:	CONSIGN DESIGN,				
		(Name of I	Limited Liability Con	npany)		
The e		l member, managing member	or manager resig	nation and fee(s) are submitted for		
Please	e return	all correspondence concerni	ng this matter to:			
LUC	CY HA	NAS .				
		(Contact Person)		•		
CON	NSIGI	N DESIGN, LLC				
		(Firm/Company)		•		
PO	вох	4113				
		(Address)		•		
FOF	RT LA	UDERDALE, FL3333	8			
		(City/State and Zip Code)		•		
For fu	ırther ir	nformation concerning this m	atter, please call:			
LUC	Y HA	AS	at ( 954	, 463 7004		
	(N	ame of Contact Person)	(Area Code	& Daytime Telephone Number)		
		ase find a check made payabl				
		\$25 Filing Fee	\$			
				Certified Copy		
		OURIER ADDRESS:		MAILING ADDRESS:		
_		Section		Registration Section		
		Corporations		Division of Corporations		
	n Build	•		P.O. Box 6327		
		ve Center Circle Florida 32301		Tallahassee, Florida 32314		

CR2E079 (5/06)

TO:



#### FILED

2009 AUG 27 PM #: 33

SECRETARY OF STATE TALLAHASSEE, FLORIDA

### 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 as DNSIGN DESIGN, LLO		he Florida Department
2. This limited lia FLORIDA	bility company was organized	under the laws of:	
3. The Florida doc L0600006	cument/registration number of	this limited liability compan	y is:
4. I, JOHN HA	AS	, hereby resign as a MC	GR
	Name of Person Resigning)		(Print Title)
resignation in w	ability company and affirm the riting.  Signing Member, Managing Member, Member		as been notified of my
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		