L07000075032

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| A. LUNT |
| NOV 2 6 2012 |

EXAMINER

Office Use Only



000241488500

11/20/12--01007--023 **25.00

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: One Design Build, LLC

(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Hugo Mijares

(Contact Person)

One Design Build, LLC

(Firm/Company)

3250 NE 1st Ave Suite 305

(Address)

Miami FL 33137

(City/State and Zip Code)

For further information concerning this matter, please call:

Hugo Mijares

_{...}786 \ 859-1143

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

■ \$25 Filing Fee

□ \$55 Filing Fee & Certified Copy

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

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

| | limited liability company as it ap | ppears on the records of the Florida Department | ·*! |
|----------------------------------|--|--|-----|
| 2. This limited liab Florida Sta | ility company was organized und | ler the laws of: | 3.4 |
| 3. The Florida docu L07000075 | ument/registration number of this | s limited liability company is: | |
| 4. I, Lorena Bra | acho-Mijares ame of Person Resigning) | _, hereby resign as a Managing Member (Print Title) | |
| resignation in wr | | nited liability company has been notified of my ber or Manager | |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | | |