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M. MILLIGAN  
EXAMINER

MAR 21 2014

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Duvet Stays LLC  
(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to:

Michelle Carson

(Contact Person)

Duvet Stays LLC

(Firm/Company)

1658 Dorchester PL

(Address)

Wellington, Florida 33414

(City/State and Zip Code)

For further information concerning this matter, please call:

Michelle Carson

(Name of Contact Person)

at ( 561 ) 315-0039

(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



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FILED  
14 MAR 10 4 8:58  
RECEIVED  
TALLAHASSEE, FLORIDA

**RESIGNATION OR DISSOCIATION OF MEMBER, 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: Duvet Stays LLC

2. The Florida document/registration number of this limited liability company is:  
FEIN 223976381

3. The date this member withdrew or will withdraw is: 3/01/2013

4. I, Benjamin Carson, hereby resign as a Manager  
*(Print Name of Person Resigning)* *(Print Title)*

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

Signature of Resigning or Dissociating Manager, Member

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)