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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Elliott Design and Interiors, L	
(Name of Limi	ited Liability Company)
The enclosed member, resignation or dissocia	ation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
Mark H. Muller, Esq.	
(Contact Person)	
Mark H. Muller, P.A.	
(Firm/Company)	
5150 Tamiami Trail North, Suite 303	
(Address)	
Naples, FL 34103	
(City/State and Zip Code)	
For further information concerning this matter	er, please call:
Mark H. Muller	239 774-1436
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to ■ \$25 Filing Fee	the Florida Department of State for: \$\square\$ \$55 \text{ 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 (2/14)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the	limited liability company as	it appears on the records of the	e Florida Department	
of State is:	tt Design and Interiors, LL	.C	·	
2. The Florida doc L0800005999	-	ssigned to this limited liability	company is:	
3. The date this me	mber/manager withdrew/res	igned or will withdraw/resign i	6/18/2015 s:	
Michalla D. Diekaan				
(Print N	lame of Person Resigning)	, hereby withdraw/resign	as a	
Manager				
	(Print Title)			
of this limited lia resignation in wr	bility company and affirm th iting.	ne limited liability company has	UN 22 ETARY HASSE	
Signature of D	issociating Member or Resig	ning Manager	AHIZ: 58 OF STATE OF STATE	
<u> </u>	\$25.00 (Required)			
Certified Copy:	\$30.00 (Optional)			