## KCGCCCCG2488

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3/2/2022

## **COVER LETTER**

TO: Registration Section Division of Corporations TEMPLE DESIGN LLC SUBJECT: (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: Heather M Jones (Contact Person) (Firm/Company) 7896 SE Independence Ave. (Addiess) Hobe Sound, FL 33455 (City/State and Zip Code) For further information concerning this matter, please call: Heather M Jones (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy 🔯 \$25 Filing Fee Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations The Centre of Tallahassee P.O. Box 6327 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303 To Whom It May Concern: I apologize for the delay in Filing my resignation with the State. I didn't know cubout the filing requirement until Feb 2022, So I have attached a copy of my email resignation Nov 2021,



FILED 2022 FEB 22 AM 9: 48 SECRETARY OF STATE TALLAHASSEE, FL

## 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)

	Temple Design LL	appears on the records of the Florida Department  C
2. The Florida doci		gned to this limited liability company is:
He	ather M Iones	red or will withdraw/resign is: November 28 2021
4. I. (Print N	ame of Person Resigning)	, hereby withdraw/resign as a
N10	ember/Manager	
	(Print Title)	
of this limited lia resignation in wr		imited liability company has been notified of my
Signature of D	issociating Member or Resignin	ng Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	