L0800088473

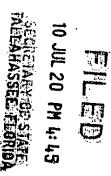
(Requestor's Name)					
(Address)					
(Address)					
, (City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
· 					
Special Instructions to Filing Officer:					

Office Use Only



700183437187

700183437187 07/20/10--01028--004 **25.00



D. BRUCE

JUL 21 2010

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: DESIGN Solutions SHOP 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:
NINETTE CONTIN BACE (Contact Person)
DESIGN Solutions Stop LC (Firm/Company)
2983 N BAY PO (MCAR)
MIAMI BRACH PL 33139 (City/State and Zip Code)
For further information concerning this matter, please call:
NmeHe Continy Baez at (305) 764 - 8580 (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 \$ Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations MAILING ADDRESS: Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (5/06)

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the lin	nited liability company as	it appears on the rec	ords of the Florida Dep	partment
2. This limited liabilit	ey company was organized State	l under the laws of:		
3. The Florida docum	ent/registration number of	f this limited liability	company is:	
4. I, MUSSET	HE PETO DIK te of Person Resigning)	<u> </u>	as a MEMBER (Print Title)	,
of this limited liability resignation in writing	ity company and affirm th	e limited liability co	mpany has been notifie	d of my
Signature of Resign	ing Member, Managing N	1ember or Manager	A A A S	10 JUL 2
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		A CE ST	3 年 0 四 0 一 四 0 一 四 0 一