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	(Red	questor's Name)	
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJ	JECT: Concept Cov (Name	of Limited Liability Company)
The e		ber or manager resignation and fee(s) are submitted for
Please	e return all correspondence conce	rning this matter to:
<u>D</u>	ana GraveH (Contact Person)	
		and Design, LLC
<u>P.</u>	0, Box 4613 (Address)	·
W	Vinter Park FL (City/State and Zip Code)	32793
For fu	urther information concerning this	matter, please call:
	(Name of Contact Person)	at (<u>321</u>) <u>229 - 1997</u> (Area Code & Daytime Telephone Number)
Enclo	sed please find a check made pay \$25 Filing Fee	able to the Florida Department of State for: \$55 Filing Fee & Certified Copy
Regist Divisi Clifto 2661	tration Section on of Corporations n Building Executive Center Circle	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

1. The name of the of State is:	limited liability company a	as it appears on the records of the fion and Design, LL	e Florida Departm	ent
	oility company was organize			
3. The Florida doc <u>L 09 000 0</u>		of this limited liability company	is:	
		, hereby resign as a Mar		
resignation in wr	2 2	the limited liability company has	been notified of f	ny
Signature of Res	igning Member, Managing	Member or Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		10 MAI SECRE TALLAI	