

L10000/05256

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

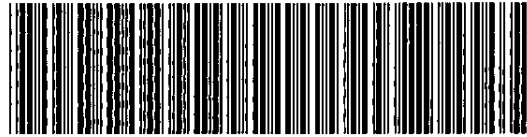
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900210806519

08/08/11--01022--004 **25.00

FILED
11 AUG - 8 PM 1:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. BRYAN

AUG - 9 2011

EXAMINER

COVER LETTER

TO: Amendment Section
Division of Corporations

SUBJECT: Design Solutions of Naples, LLC
Name of Limited Liability Company

DOCUMENT NUMBER: L10000105256

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Linda Vaughan
Name of Person

Cox & Carlson
Name of Firm/Company

1185 Immokalee Rd., Suite 110
Address

Naples, FL 34110
City/State and Zip Code

lvaughan@coxcarlson.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Linda Vaughan at (239) 438-4611
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED
11 AUG -8 PM 1:29
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,

Joe B. Cox

Name of Registered Agent

, hereby resigns as

Registered Agent for Design Solutions of Naples, LLC

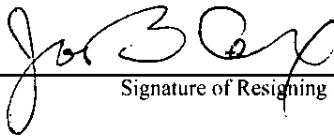
Name of Limited Liability Company

L10000105256

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.



Signature of Resigning Agent

If signing on behalf of an entity:

Typed or Printed Name

Capacity

FILING FEES:

\$ 85.00	Active limited liability company
\$ 25.00	Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

FILED
11 AUG - 8 PM 1:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA