

#L11000099580

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

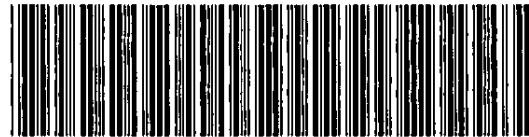
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER

JUN 11 2012

Florida Department of State  
Division of Corporations

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

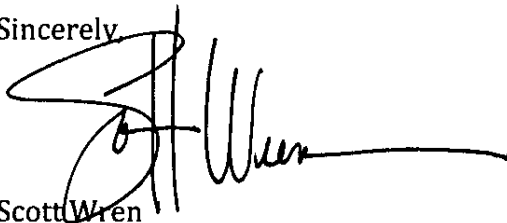
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TALLAHASSEE, FLORIDA

June 5, 2012

To whom it may concern,  
Please find the enclosed resignation of the noted Managing Member of WrenHouse Design, L11000099580. Since 2007, I have been the SOLE OWNER and MANAGER of this company. Any and all mention of Debra Wren in the company documentation has been made in error. Debra Wren has never been an officer or manager of this company. Her name appeared in the paperwork only for purposes of inputting information about the business on my behalf. The title of MANAGER/MANAGING MEMBER was given in error.

Thank you for making the correction in a timely manner,

Sincerely,

A handwritten signature in black ink, appearing to read "Scott Wren", with a stylized flourish at the end.

Scott Wren

Enclosed: Resignation Form  
Check #2035

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WrenHouse Design  
(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:

Scott Wren

(Contact Person)

WrenHouse Design

(Firm/Company)

5657 Somersby Road

(Address)

Windermere, FL 34786

(City/State and Zip Code)

For further information concerning this matter, please call:

Scott Wren

(Name of Contact Person)

at ( 407 ) 284-7778

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☐ \$25 Filing Fee

☒ \$55 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



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TALLAHASSEE, FLORIDA

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 limited liability company as it appears on the records of the Florida Department of State is: WrenHouse Design.

2. This limited liability company was organized under the laws of:  
Orlando, Florida.

3. The Florida document/registration number of this limited liability company is:  
L11000099580.

4. I, Debra Wren, hereby resign as a managing member  
(Print Name of Person Resigning) (Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
\_\_\_\_\_  
Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)