## L11000135816

Office Use Only



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SECRETARY OF STATE

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## **COVER LETTER**

Division of Corporations
SUBJECT:   DESIGN ARCHITECTURE + INTERIOR + ECO/ENERGY LL. (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:
WESLEY OSBORNE (Contact Person)
(Firm/Company)
300 A S. BELLHER RD. (Address)
CLEARWATER, FL 33765 (City/State and Zip Code)
For further information concerning this matter, please call:
NEXEY OSBORNE at (362) 213 - 4960 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Exclosed please find a check made payable to the Florida Department of State for:  \$\square\$\$ \$\squ
STREET/COURIER ADDRESS: Registration Section Division of Corporations  MAILING ADDRESS: Registration Section Division of Corporations
Clifton Building P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle

Tallahassee, Florida 32301



## 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)

1. The name of the limited liability company as it appears on the red	cords of the Florida Department
of State is:   DESIGN APCHITECTURE + INTER	TOR + ECO/ENORLY UC
2. The Florida document/registration number assigned to this limite	ed liability company is:
L11000135816	
3. The date this member/manager withdrew/resigned or will withdrew	aw/resign is: 8 / 6 · 15
4. I, JOHN B. WHUEPER, hereby withdr (Print Name of Person Resigning)	raw/resign as a
MEMBER (Print Title)	
of this limited liability company and affirm the limited liability corresignation in writing.	ompany has been notified of my
Signature of Dissociating Member or Resigning Manager	
Filing-Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	PIL ED