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S. WARREN DEC 2.2 2017

COVER LETTER

Division of Corporations					
SUBJECT: Renovation Room, LLC (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:					
Beth Gallet (Contact Person)					
Renovation Room (Firm/Company)					
500 E Hallandale BLACH BluD (Address)					
14 (andale of 33009 (City/State and Zip Code)					
For further information concerning this matter, please call:					
(Name of Contact Person) at (97) 455 - 0025 (Area Code & Daytime Telephone Number)					
Enclosed please find a check made payable to the Florida Department of State for: \$\sum_\$\$ \$25 \text{ Filing Fee} \sum_\$\$ \$55 \text{ Filing Fee & Certified Copy}					
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building P.O. Box 6327 Tallahassee Florida 32314					

Tallahassee, Florida 32314

CR2E079 (2/14)

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 records of	of the Florida Department
of State is: <u>R</u>	enovation Room,	LLC	·
2. The Florida doci	ument/registration number as	ssigned to this limited liabi	ility company is:
L1200	0034655		
_	mber/manager withdrew/res	igned or will withdraw/res	ign is: <u>12-19-17</u>
4. I. DAVID (Print A	GUND ame of Person Resigning)	, hereby withdraw/res	sign as a
	a Member, Har (Raini Title)		
of this limited lia resignation in wr	bility company and affirm thiting.	e limited liability company	y has been notified of my
, , , , , , , , , , , , , , , , , , , 	Ab M	Hgr.	
Signature of Di	ssociating Member or Resig	ning Manager	·····
ru- r	625 00 (Paradian)		7 051
	\$25.00 (Required) \$30.00 (Optional)		PILE 17 DEC 22 I
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