12000077087

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	· · · · · · · · · · · · · · · · · · ·
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	1
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TILEU 2012 NOV -8 PM 2: 09 SECRETARY OF STATE

J. BRYAN

NOV -9 2012

EXAMINER

COVER LETTER

TO: Registration Section			
Division of Corporations			
SUBJECT: Plsyner DIV45 (Name of Limited	Liability Company)		
(-2			
The enclosed member, managing member or m filing.	anager resignation and fee(s) are submitted for		
Please return all correspondence concerning thi	s matter to:		
Jessica Hausman (Contact Person)			
(Contact Person)			
Designer Divar LLC	TA TA		
(Firm/Company)	ZECREC T		
3301 HE 1837d St Swite (Address)	PILED 2012 NOV -8 PM 2: 09 SECRETARY OF STATE TALL AHASSEE. FLORID		
(Address)	Fig. P. I		
Atentina FL 33160	2: 03 STATE LORRED		
(City/State and Zip Code)	D		
For further information concerning this matter,	please call:		
RIS-a chopp	,305,9187045		
(Name of Contact Person)	(Area Code & Daytime Telephone Number)		
Enclosed please find a check made payable to t			
\$25 Filing Fee	Certified Copy		
STREET/COURIER ADDRESS:	MAILING ADDRESS:		
Registration Section	Registration Section		
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327		
2661 Executive Center Circle	Tallahassee, Florida 32314		

Tallahassee, Florida 32301

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	imited liability company a DQS1 (DL) DIV4			rida Dej	partm	ent
	lity company was organize	ed under the laws of:		ARY	7047 NOV -8 P	FILE
	ment/registration number	of this limited liability co	ompany is:	STATE	PH 2: 09	O
4. I, Peloco	me of Person Resigning)	, hereby resign as	a Man	Afv rint Title)	Me	<u>m</u> be
of this limited liab resignation in wri	oility company and affirm ting.	the limited liability comp	any has bee	n notifie	ed of	my
Rebeccook						
Signature of Resignature	gning Member, Managing	Member or Manager				
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)					
Contined Copy.	#20.00 (Ohnona)					