L12000115004

| (Re | questor's Name) | |
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| (Ad- | dress) | |
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| (Cit | y/State/Zip/Phone | 2 #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nan | ne) |
| (Document Number) | | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to Filing Officer: | | |
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SECRETARY OF STATE
SECRETARY OF STATE

JUL 26 2013 J. BRYAN

COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: Powerline Discount Furniture, LLC

(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:

Orlando Lawrence

(Contact Person)

Powerline Discount Furniture, LLC

(Firm/Company)

1953. NW 9 Avenue

(Address)

Fort Landerdale, FZ 33311

(City/State and Zip Code)

For further information concerning this matter, please call:

Orlando Lawrence

(Name of Contact Person)

(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

CR2E079 (5/06)



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 of State is: Powerline Discount Furniture, LLC | • |
|---|--|
| 2. This limited liability company was organized under the State of Florida | laws of: |
| 3. The Florida document/registration number of this limited L 12000115004 | ed liability company is: |
| | eby resign as a MGRM (Print Title) |
| of this limited liability company and affirm the limited I resignation in writing. | iability company has been metriced my LL 25 |
| Signature de Resigning Member, Managing Member or | |
| Filing Fee: \$25.00 (Required) | A STATE OF THE STA |

Certified Copy:

\$30.00 (Optional)