## L12000115004

| (Re                                     | equestor's Name) | · .       |  |  |
|---|------------------|-----------|--|--|
| (Address)                               |                  |           |  |  |
| (Address)                               |                  |           |  |  |
| (City/State/Zip/Phone #)                |                  |           |  |  |
|   | WAIT             | MAIL      |  |  |
| (Business Entity Name)                  |                  |           |  |  |
| (Document Number)                       |                  |           |  |  |
| Certified Copies                        | _ Certificates   | of Status |  |  |
| Special Instructions to Filing Officer: |                  |           |  |  |
|   |                  |           |  |  |
|   |                  |           |  |  |
|   |                  |           |  |  |
|   |                  |           |  |  |

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SECRETARY OF STATE ON SECRETARY OF CORPORATIONS

C. LEWIS AUG 12 2014 EVALUINER

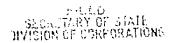
## COVER LETTER

TO: Registration Section

CR2E079 (2/14)

| Division of Corporations                                   |                      |   |  |  |
|--|----------------------|---|--|--|
| SUBJECT: Powerline Discount Furn                           | iture, LLC.          |   |  |  |
| (Name of Limited Liability Company)                        |                      |   |  |  |
| The enclosed member, resignation or dis-                   | sociation and fee(s) | are submitted for filing.                       |  |  |
| Please return all correspondence concern                   | ing this matter to:  |   |  |  |
| Scott Brassington  |                      |   |  |  |
| (Contact Person)   |                      | •   |  |  |
| Powerline Discount Furniture, LLC>                         |                      |   |  |  |
| (Firm/Company)   |                      | •   |  |  |
| 1955 NW 9th Avenue   |                      |   |  |  |
| (Address)  | ···········          | •   |  |  |
| Fort Lauderdale, FL 33311                                  |                      |   |  |  |
| (City/State and Zip Code)                                  |                      | •   |  |  |
| For further information concerning this n                  | natter, please call: |   |  |  |
| Scott Brassinton   | <b>954</b> at (      | 868-2309  |  |  |
| (Name of Contact Person)                                   | (Area Code           | & Daytime Telephone Number)                     |  |  |
| Enclosed please find a check made payabase \$25 Filing Fee |                      | epartment of State for:<br>Fee & Certified Copy |  |  |
| STREET/COURIER ADDRESS:                                    |                      | MAILING ADDRESS:                                |  |  |
| Registration Section                                       |                      | Registration Section                            |  |  |
| Division of Corporations Clifton Building                  |                      | Division of Corporations<br>P.O. Box 6327       |  |  |
| 2661 Executive Center Circle                               |                      | Tallahassee, Florida 32314                      |  |  |
| Tallahassee Florida 32301                                  |                      | i ananassoo, i lunua 32314                      |  |  |





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## 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)

| The name of the limited liability company as it appears on the records of the Florida Department of State is:    Powerline Discount Furniture, LLC. |  |   |  |
|---|--|---|--|
| 2. The Florida docum<br>L12000115004  | ent/registration number assi             | gned to this limited liability company is:        |  |
| 3. The date this memi   | per/manager withdrew/resig               | ned or will withdraw/resign is:                   |  |
|   |  | , hereby withdraw/resign as a                     |  |
| (Print Nam<br>managing meml   |  |   |  |
| (Pr   | int Title)                               |   |  |
| of this limited liabil<br>resignation in writir   |  | limited liability company has been notified of my |  |
| Joan  | Cino                                     |   |  |
| Signature of Disso  | ociating Member or Resigni               | ng Manager  |  |
| Filing Fee:<br>Certified Copy:  | \$25.00 (Required)<br>\$30.00 (Optional) |   |  |