# <u>L12000141711</u>

(Requestor's Name)  (Address)  (Address)  (City/State/Zip/Phone #)  PICK-UP WAIT MAIL			
(Address)  (City/State/Zip/Phone #)			
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#### **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Reluce De Signer Con Synthen (Name of Limited Liability Company)		
The enclosed member, resignation or dissociation and fcc(s) are submitted for filing.		
Please return all correspondence concerning this matter to:		
Villy Hirsch Han (Contact Person)		
Relived Designai Consignment		
8221 & 6/9 des Rd Sute-12 (Address)		
Boca Ratan FT 33434 (City/State and Zip Code)		
For further information concerning this matter, please call:		
Vivis: Hvschlioun at (561) 504-3363 (Area Code & Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida Department of State for:  S25 Filing Fee  \$55 Filing Fee & Certified Copy		

#### STREET/COURIER ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

CR2E079 (2/14)

TO:

#### MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



### 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	e records of the Florida Department
	Relard Designer Consignman	
	ument/registration number assigned to this lin	
	1/20001411	
3. The date this me	ember/manager withdrew/resigned or will with	hdraw/resign is: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
4. 1,	dame of Person Resigning), hereby wit	hdraw/resign as a
	(Print Title)	
of this limited lia resignation in wr	bility company and affirm the limited liability iting.	company has been notified of my
21/20 1	/ <u> </u>	
Signature of D	ssociating Member or Resigning Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	MITAUG -7 PH
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