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SECRETARY OF STATE DIVISION OF CORPORATIONS

15 JAN -9 PH 12: 47

W3/19

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: HONEST PRINT & DESIGN	
(Name of Limi	ted Liability Company)
The enclosed member, resignation or dissocia	ation and fee(s) are submitted for filing.
Please return all correspondence concerning to	his matter to:
CINDY FAULK	**
(Contact Person)	
HONEST PRINT & DESIGN LLC	
(Firm/Company)	
2462 W. SR 426 UNIT 1036	
(Address)	
OVIEDO, FL 32765	
(City/State and Zip Code)	
For further information concerning this matter	r, please call:
CINDY FAULK	407 467-2101
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to ■ \$25 Filing Fee	the Florida Department of State for: \$\square\$\$ \$\square\$\$ \$\square\$\$ \$\square\$\$ \$\square\$\$ \$\square\$\$ \$\square\$\$\$ \$\square\$\$\$ \$\square\$\$\$ \$\square\$\$\$ \$\square\$\$\$ \$\square\$\$\$ \$\square\$\$\$\$ \$\square\$\$\$\$ \$\square\$\$\$\$ \$\square\$\$\$\$ \$\square\$\$\$\$ \$\square\$\$\$\$ \$\square\$\$\$\$ \$\square\$\$\$\$ \$\square\$\$\$\$\$ \$\square\$\$\$\$ \$\square\$\$\$\$ \$\square\$\$\$\$ \$\square\$\$\$\$ \$\square\$\$\$\$\$ \$\square\$\$\$\$\$ \$\square\$\$\$\$ \$\square\$\$\$\$\$ \$\square\$\$\$\$\$ \$\square\$\$\$\$\$ \$\square\$\$\$\$\$\$ \$\square\$\$\$\$\$\$ \$\square\$
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 (2/14)



SECRETARY OF STATE DIVISION OF CORPORATIONS

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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)

1. The name of the	limited liability company as	t appears on the records of the Florida Department
of State is:	NEST PRINT & DESIGN L	LC
2. The Florida docu	ment/registration number ass	signed to this limited liability company is:
L13000029110	3	
3. The date this me	mber/manager withdrew/resig	gned or will withdraw/resign is:
(Print N	ame of Person Resigning)	, hereby withdraw/resign as a
MGRM		
	(Print Title)	
of this limited lial resignation in wr		limited liability company has been notified of my
Signature of Di	ssociating Member or Resign	ing Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	