L13000133886

(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
, , ,	
(Document Number)	
,	
Certified Copies Certificates of Status	
Sertifical copies	
Special Instructions to Filing Officer:	





600263820976

09/17/14--01004--027 **25.00

14 SEP 17 PH 2: 18
SECULTABLY OF STATE
AND ANALYSET, FLORID.

1RM 9/24/14

COVER LETTER

CR2E079 (2/14)

TO: Registration Section Division of Corporations
SUBJECT: 2XR DeSign LLC (Name of Limited Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Janice Cayon (Contact Person)
Blackledger Entity Management (Firm/Company)
2330 Ponce de leon Blvd ste 201 (Address)
Corql Gables, FL 33134 (City/State and Zip Code)
For further information concerning this matter, please call:
Janice Cayon at (305) 444-8800 (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 \$\sum \\$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





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 a	is it appears on the records of the Florida Department
of State is: 2XR Design LLC	
2. The Florida document/registration number L13000133886	assigned to this limited liability company is:
PLIDY RRANDAO DA ROCHA LOUI	esigned or will withdraw/resign is: 4/21/14
Manager (Print Title)	the limited liability company has been notified of my igning Manager