## L17000145455

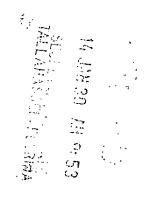
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
, , , , , , , , , , , , , , , , , , , ,
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Certified Copies Certificates of Citatus
Special Instructions to Filing Officer:
ľ

Office Use Only



200255133992

01/06/14--01038--006 \*\*25.00



J. Shivers JAN 31 2013



January 9, 2014

DENISSE JAQUEZ 315 MAGNOLIA AVE AUBURNDALE, FL 33823

SUBJECT: D & W CREATIONS LLC

Ref. Number: L13000145485

We have received your document for D & W CREATIONS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 714A00000575

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: D+W Creations, LL	C
(Name of Limited Liability Cor	npany)
The enclosed member, managing member or manager resigning.	mation and fee(s) are submitted for
Please return all correspondence concerning this matter to:	
Denisse Jaquez (Contact Person)	
(Contact Person)	_
D+W creations, LLC-DBA Magnolias (Firm/Company)	Howers Plus
315 Magnolia Aue (Address)	<u> </u>
Auburndale, FL 33823 (City/State and Zip Code)	_
For further information concerning this matter, please call:	
Denisse Jaquez at (863) (Name of Contact Person) (Area Code	875 - 7955 & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida I \$25 Filing Fee	Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)

Tallahassee, Florida 32301



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company	as it appears on the records of	of the Florida Department
2. This limited liabi	lity company was organi		
	ment/registration numbe	r of this limited liability comp	pany is:
4. I. / Shind	, 7	OU/, hereby resign as a _	MAnager (Print Title)
resignation in wri	ting. Artay (a	n the limited liability company	y has been notified of my
	gning Member, Managin	g Member or Manager	5.0 E
Filing Fec: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		% 11 € CO