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COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: INFINITE INTELLIGENCE D	ESIGNS LLC		
(Name of Limited Liability Company)			
The enclosed member, resignation or dissocia	ation and fee(s) are submitted for filing.		
Please return all correspondence concerning to	this matter to:		
Timothy Cerar			
(Contact Person)	***************************************		
(Firm/Company)			
502 Majorca Ave			
(Address)			
Altamonte Springs, FL 32714			
(City/State and Zip Code)			
For further information concerning this matter	er, please call:		
Tim Cerar	407 257-3030		
(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\$ \$55 Filing Fee & Certified Copy		
STREET/COURIER ADDRESS: Registration Section	MAILING ADDRESS: Registration Section		
Division of Corporations	Division of Corporations		
Clifton Building 2661 Executive Center Circle	P.O. Box 6327 Tallahassee, Florida 32314		
Tallahassee, Florida 32301	Turidinassee, Florida 52514		

CR2E079 (2/14)



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 t	he limited liability company as	it appears on the records of the Florida Department
of State is: IN	FINITE INTELLIGENCE DE	SIGNS LLC
2. The Florida do	ocument/registration number as	signed to this limited liability company is:
L140000519	937	·
3. The date this r	nember/manager withdrew/resi	gned or will withdraw/resign is:
4. I, Timothy Co	erar	, hereby withdraw/resign as a
	t Name of Person Resigning)	,,
Manager / (Co-Owner	
-	(Print Title)	AS &
of this limited	liability company and affirm the	e limited liability company has been notified of my
resignation in	writing.	To P
Just 6	1 am	1.07A1
Signature of	Dissociating Member or Resign	ning Manager
Filing Fee:	\$25.00 (Required)	

Certified Copy:

\$30.00 (Optional)