

L14000094573

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

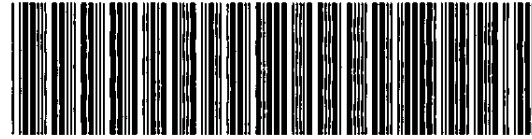
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000262743650

*Resignation
of member*

000262743650
07/30/14--01014--008 **25.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2014 JUL 30 AM 11:11

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*OK
8/11/14*

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: True Love Decor, 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:

Sonya Brown

(Contact Person)

True Love Decor, LLC

(Firm/Company)

18903 SE Jupiter River Drive

(Address)

Jupiter, Florida 33458

(City/State and Zip Code)

For further information concerning this matter, please call:

Sonya Brown

at (561) 262-0746

(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

☐ \$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

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2014 JUL 30 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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 records of the Florida Department of State is: True Love Decor, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L14000094573

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 07/23/2014

4. I, Leslie Wiles, hereby withdraw/resign as a
(Print Name of Person Resigning)

Member

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Leslie Wiles

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)