

L15000140738

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

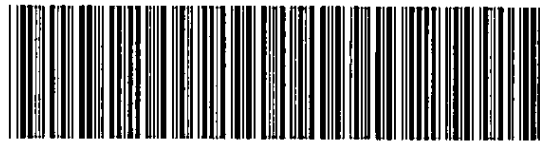
(Document Number)

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FILED  
2019 MAY -6 PM 1:37  
ALBRIGHTON

Resignation

MAY - 7 2019  
ALBRIGHTON

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Designed Dazzle 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:

Charles E Nielsen  
(Contact Person)

Designed Dazzle LLC  
(Firm/Company)

5517 Sunrise Drive  
(Address)

Fort Myers, FL 33919  
(City/State and Zip Code)

For further information concerning this matter, please call:

Charles E Nielsen at (515) 441-4597  
(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

Already sent \$52.50

**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

April 26, 2019

CHARLES E. NIELSON  
5517 SUNRISE DRIVE  
FORT MYERS, FL 33919

SUBJECT: DOLLAR DAZZLE L.L.C.  
Ref. Number: L15000140738

We have received your document for DOLLAR DAZZLE L.L.C. and your check(s) totaling \$52.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The current name of the entity is as referenced above. Please correct your document accordingly.

The form you submitted is for a Limited Partnership or Limited Liability Limited Partnership, but your entity is a Limited Liability Company. Please complete and return the enclosed blank form(s).

Please return 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) 245-6050.

Irene Albritton  
Regulatory Specialist II

Letter Number: 519A00008428

RECEIVED

2019 MAY -6 PM 12:12

STATE OF FLORIDA  
DIVISION OF CORPORATIONS



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FILED  
2019 MAY -6 PM 1:37  
ALLIED BUSINESS

**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: Designed Dazzle LLC

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

L15000140738

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 5/3/2019

4. I, Debra D Duvall, hereby withdraw/resign as a  
(Print Name of Person Resigning)

(Print Title)

Manager

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

Signature of Dissociating Member or Resigning Manager

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