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| Special Instructions to | Filing Officer: | | | | | |
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Office Use Only

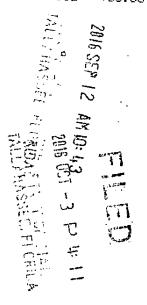
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D. BRUCE OCT 04 2016



September 14, 2016

THOMAS LABADIA 1741 NW 39TH STREET OAKLAND PARK, FL 33309

SUBJECT: AEQUUS DESIGN, LLC Ref. Number: L15000168426

We have received your document for AEQUUS DESIGN, LLC and your check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Deborah Bruce Regulatory Specialist II

Letter Number: 816A00019584

COVER LETTER

TO: Registration Section Division of Corporations

| SUBJECT: Aequus Design, LLC | | _ |
|--|--|---------------|
| Name of Limited Liability | Company | _ |
| DOCUMENT NUMBER: L15000168426 | | _ |
| The enclosed Resignation of Registered Agent for a Limited for filing. | Liability Company and fee a | ire submitted |
| Please return all correspondence concerning this matter to the | he following: | |
| Thomas LaBadia | | |
| Name of Person | - | |
| Aequus Design, LLC | | |
| Name of Firm/Company | - | |
| 1741 NW 39th Street | | |
| Address | - | |
| Oakland Park, FL 33309 | · | |
| City/State and Zip Code | – چنه | فح |
| tomlabadia@gmail.com | | |
| E-mail address: (to be used for future annual report notification) | - Company of the Comp | Lumina . |
| For further information concerning this matter, please call: | (2) (2) (3) (3) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4 | W H |
| Thomas LaBadia 954 | (630-1909 | T 0 |
| Name of Person Area Code | Daytime Telephone Number | |

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



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. 701 | 11 | | | a e e e e e e e e e e e e e e e e e e e | Danastona | • |
|--------------------|-----------------------|-------------------|------------------------|---|--|--------------|
| | - | | pears on the record | s of the Fiorida | Debarriment | |
| of State is: | Aeguns | Design | LLC | <u>-</u> | <u></u> | |
| | <i>V</i> | | ed to this limited lia | ability company | is: | |
| - | 00/68 | • | | | | |
| 3. The date this n | nember/manager w | vithdrew/resigned | or will withdraw/r | resign is: | 01/201 | 6 |
| · · | | - | , hereby withdraw/ | resign as a | | |
| aut | hovized (Prins Title) | Member | |]: [| 2016 | المديدة |
| of this limited li | iahility company a | nd affirm the lim | ited liability compa | ำ anv has been nõ | - (| |
| resignation in v | | | | | | In such |
| · F | 10/19 | 2 | | | | li Vocase |
| Signature of I | Dissociating Memi | der or Resigning | Manager | | 10000000000000000000000000000000000000 | |
| Filing Fee: | \$25.00 (Req | iired) | | • | | |

Certified Copy:

\$30.00 (Optional)