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TO:

Registration Section

2661 Executive Center Circle

Tallahassee, Florida 32301

CR2E079 (2/14)

Division of Corporations SURFACE DESIGN SYNDICATE, 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: DANIEL DAVIS (Contact Person) SURFACE DESIGN SYNDICATE, LLC (Firm/Company) 52 VISTA DEL RIO (Address) **BOYNTON BEACH, FL 33426** (City/State and Zip Code) For further information concerning this matter, please call: DANIEL DAVIS (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: □ \$55 Filing Fee & Certified Copy ■ \$25 Filing Fee STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building

Tallahassee, Florida 32314



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)

	limited liability company as	it appears on the records of the FI	orida Depar	tment
	-	ssigned to this limited liability con	npany is:	
L1600017873	3			
3. The date this me	mber/manager withdrew/res	igned or will withdraw/resign is: _	12/30/2016)
4. I, LEANNE DAVIS, hereby withdraw/resign a, hereby withdraw/resign a				
4. 1,(Print N	ame of Person Resigning)	, nereby withdraw/resign as a	1	
AMBR				
	(Print Title)			
of this limited lia resignation in wr	• • •	e limited liability company has be	en notified	of my
Signature of D	issociating Member or Resig	ning Manager	\$14 \$5.1 \$112	91 AD
•	\$25.00 (Required) \$30.00 (Optional)			Z [T]