117111034573

(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 Filling Officer:			

Office Use Only



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04/13/17--01025--019 **55.00



O SIMMONS APR 1 4 2017

COVER LETTER

TO: Registration Section Division of Corporations				
Interior Creations & Design, LL SUBJECT:				
(Name of Limited Liability Company)				
The enclosed member, resignation or dissociati	on and fee(s) a	re submitted for filing.		
Please return all correspondence concerning this	is matter to:			
Jason P. Powers				
(Contact Person)				
Interior Creations & Design, LLC				
(Firm/Company)				
1025 Indian Oaks East				
(Address)				
Daytona Beach, Florida, 32117				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Jason P. Powers	407 at (592-1884 & Daytime Telephone Number)		
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)		
Enclosed please find a check made payable to \$25 Filing Fee	s the Florida D			
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		

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)

		ppears on the records of the Florida Department
	ior Creations & Design, LLC	
2. The Florida docu	ment/registration number assign	ned to this limited liability company is:
L1700003657	3	<u>_</u> .
3. The date this me	mber/manager withdrew/resigne	ed or will withdraw/resign is: 4/1/17
Samuel Reye	es Same of Person Resigning)	_, hereby withdraw/resign as a
(Print N	ame of Person Resigning)	
Vice-Operatir	g Manager	
	(Print Title)	
of this limited lia	bility company and affirm the li	mited liability company has been notified of my
resignation in wr	iting.	
5		: :
Signature of D	ssociating Member or Resigning	g Manager
• •	\$25.00 (Required) \$30.00 (Optional)	
Certified Copy:	\$30.00 (Optional)	•