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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(710	41000)	
(Cit	y/State/Zip/Phone	· #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nam	ne)
(2.2	-,	,
(00	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Eiling Officer:	
Special instructions to	raing Oncer.	





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2022 JUL 18 PH 1: 46



COVER LETTER

TO:	Regi	stration Section			
	Divis	sion of Corporations			
SUB.	JECT:	DESIGNIT FLORIDA LLC			_
		(Name o	f Limited Liability C	ompany)	
The e	enclosed	d member, resignation or di	ssociation and fee	e(s) are submitted for filing.	
Pleas	e returr	all correspondence concer	ning this matter to) :	
MARI	IBEL M	JNIZ			
		(Contact Person)			
DESI	GNIT F	LORIDA LLC			~1
		(Firm/Company)			2022 JUL 18 PM 1:46
4102	PONCE	DE LEON][J]
.,				į	<u>-</u>
		(Address)			70
COR	AL GAE	BLES, FL 33146		, . 	<u> </u>
				T1.	<u></u>
		(City/State and Zip Code)			01
For fu	urther is	nformation concerning this	matter, please cal	ŀ	
MARI	BEL M	JNIZ	786 at (602-0379	
	(N	ame of Contact Person)		de & Daytime Telephone Number)	-
	•	ease find a check made paya g Fee		•	
		ng Address:		Street Address:	
	_	stration Section		Registration Section	
	Division of Corporations P.O. Box 6327 Division of Corporations The Centre of Tallahassee		Division of Corporations The Centre of Tallahassee		
		hassee, FL 32314		2415 N. Monroe Street, Suite	810
	iana	11, 3231T		Tallahassee, FL 32303	J.,



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)

	GNIT FLORIDA LLC	s it appears on the records of the Florida		_	_•
2. The Florida doc	ument/registration number as	ssigned to this limited liability company	y is:		
3. The date this me	mber/manager withdrew/res	igned or will withdraw/resign is:	022		-
4. I, MARIBEL MUNIZ , he (Print Name of Person Resigning) MANAGER		, hereby withdraw/resign as a			
	(Print Title)				
resignation in wr	iting.	ne limited liability company has been no	otified (of m	ıy
Signature of D	issociating Member or Resig	ning Manager	_		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	: :: :: :: :: :: :: :: :: :: :: :: :: :		2027 IIII IS PH	1