

L17 000186811

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

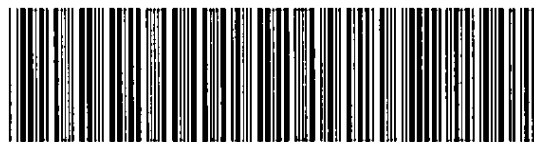
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/24/21--01019--005 **25.00

2021 MAY 24 AM 10:12
STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DARLA POWELL INTERIORS, 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:

DARLA POWELL
(Contact Person)

DARLA POWELL INTERIORS, LLC
(Firm/Company)

21526 MADISON DR
(Address)

GRANT MILLS MD 20634
(City/State and Zip Code)

For further information concerning this matter, please call:

DARLA POWELL at (305) 205-4356
(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

PHYSICAL ADDRESS
NEEDS TO BE

Mailing Address:

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

9100 S. WADSWORTH BLVD
#1500
MIDLAND, TX 79706

ONCE I AM
REMOVED AS A MEMBER
THANKS
305-796-2291 NATALIE



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. The name of the limited liability company as it appears on the records of the Florida Department of State is: DARIA POWELL INTERIORS, LLC

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

L 17000186811

3. The date this member/manager withdrew/resigned or will withdraw/resign is: MAY 18, 2021

4. I, NATALIE GRAFE, hereby withdraw/resign as a
(Print Name of Person Resigning)

MEMBER

(Print Title)

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

[Signature]
Signature of Dissociating Member or Resigning Manager

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

2021 MAY 21 AM 10:12
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS