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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT: <u>L'Excellence</u> <u>Designs</u> <u>LLC</u> (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:

<u>Sabring</u> <u>Calvo</u> (Contact Person)

L'Excellence Designs LLC (Firm/Company)

15018 SW 33rd st. Dr.

Davic, FL 35331 (City/State and Zip Code)

For further information concerning this matter, please call:

Salar (1954)937 6675(Name of Contact Person)at (1954)(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

<u>Mailing Address:</u> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address:</u> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)



2021 FEB - 1 AM 6: 35

FLORIDA DEPARTMENT OF STATE

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: <u>L'Excellence Designs LLC</u>

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

x 2 - 49 88503

- 3. The date this member/manager withdrew/resigned or will withdraw/resign is: 1-2&-2
- 4. I. <u>Jox Calvo</u>, hereby withdraw/resign as a *(Print Name of Person Resigning)*.

Manager.

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

Signature of Dissociating Member or Resigning Manager

Filing Fee: Certified Copy:

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\$25.00 (Required) \$30.00 (Optional)

CR2E079 (2/14)