## L18000092454

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## **COVER LETTER**

TO: Registration Section Division of Corporations	÷ .
SUBJECT: Eufloria Design	AS LLC ited Liability Company)
The enclosed member, resignation or dissoci-	ation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
Lorresa Hester (Contact Person)	<del></del>
(Firm/Company)	
1017 Gibratta 244 Bay	Dr.
Key Largo Fl. 3303. (City/State and Zip Code)	7
For further information concerning this matter	er, please call:
Sarah McAdams (Name of Contact Person)	at (346 ) 288 - 3212 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Fiting Fee	o the Florida Department of State for:  \$\square\$ \$\\$55 \text{Filing Fee & Certified Copy}\$
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314

CR2E079 (2/14)

Tallahassee, Florida 32301



## 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 com	pany as it ap	pears on the reco	ords of the Flor	rida Dep	artment
of State is:	ufloria D	esigns_	LLC			·
2. The Florida docu	iment/registration nu	mber assign	ed to this limited	liability comp	any is:	
L180000°	72454		<u>.</u> .			
3. The date this me	mber/manager withd	rew/resigned	l or will withdrav	v/resign is:	5/28/	19_
4.1. Sarah 1			_, hereby withdra			
AMB	(Print Title)	·				
of this limited lial resignation in wri	pility company and a	ffirm the lin	nited liability com	npany has beer	notifie	d of my
Sarah	Muddu ssociating Member o	or Resigning	Manager	TALL AHASS	19 MAY 31	7
_	\$25.00 (Required \$30.00 (Optional)			EE FLORID	Alfilla 39	ED