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COVER LETTER

TO: Registration Section		
Division of Corporations		
DYNASTY HOME FURNIS	HINGS LLC	
(Name of Lin	nited Liability Co	mpany)
The enclosed member, resignation or dissoc	iation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to	
ROBERT WALASON		
(Contact Person)		_
(Firm/Company)		
5500 N MILITARY TRAIL #634		
(Address)	<u> </u>	_
BOCA RATON, FL 33496		
(City/State and Zip Code)		_
For further information concerning this matt	er, please call:	
ROBERT WALASON	401	722-9992
(Name of Contact Person)	(Area Code	: & Daytime Telephone Number)
Enclosed please find a check made payable t		
\$25 Filing Fee	S55 Filing	g Fee & Certified Copy
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
Clifton Building 2661 Executive Center Circle		P.O. Box 6327 Tallahassee, Florida 32314
2001 Excount Contr. Cheig		ranianassee, monda 32314

Check #1008

Tallahassee, Florida 32301

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)

D	the limited liability company as it YNASTY HOME FURNISHING	
2. The Florida d L18000102	<u>−</u>	gned to this limited liability company is:
3. The data this	mamber/manager withdray/rusing	6/26/18 ned or will withdraw/resign is:
	WALASON	ned of with withdrawnesign is.
4. 1		, hereby withdraw/resign as a
(Prii MANAGEF	nt Name of Person Resigning) R	
	(Print Title)	
of this limited resignation in		limited liability company has been notified of my
Dake	Dulason	\mathcal{O}_{-}
Signature of	Dissociating Member or Resigni	ng Manager
Filing Fee:	\$25.00 (Required)	

Certified Copy:

\$30.00 (Optional)