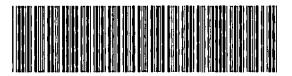
## L18000225158

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	<del></del>	

Office Use Only



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## COVER LETTER .

TO: Registration Section	
Division of Corporations	
Barefoot Designs, LLC SUBJECT:	
	Liability Company)
The enclosed member, resignation or dissociation	on and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to:
Barbara Bumgardner	
(Contact Person)	
Barefoot Designs, LLC	
(Firm/Company)	
410 Brevard Ave	
(Address)	<del></del>
Cocoa, FL 32922	
(City/State and Zip Code)	<del></del>
For further information concerning this matter, [	olease call:
Barbara Bumgardner at	321, 417.1400
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	ne Florida Department of State for:  ] \$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



## 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	e limited liability company as it appears on th	e records of the Florida Department
of State is:	parefoot Dosigns, Lic	·
2. The Florida doc	ument/registration number assigned to this li	mited liability company is:
<u> 11800</u>	0225158	
3. The date this me	ember/manager withdrew/resigned or will wi	thdraw/resign is: 4/25/2022
	Name of Person Resigning), hereby w	
Memb	(Print Title)	
of this limited lic resignation in w	ability company and affirm the limited liabilit	y company has been notified of my
		) 600ú
Signature of D	issociating Member or Resigning Manager	<del></del>
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	: 25