

8/17/23, 3:48 PM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

L1900049013

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H23000286465 3)))



H2300028646534BC3

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : ELLISON LAZENBY PLLC
Account Number : 120150000059
Phone : (727)362-6151
Fax Number : (727)362-6131

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
DESIGNER BUSINESS SOLUTIONS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$25.00

RECEIVED

2023 AUG 17 PM 4:28

DEPT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

2023 AUG 17 PM 4:28

2023 AUG 17 PM 2:28

APPROVED
AND
FILED

Electronic Filing Menu

Corporate Filing Menu

Help

AUG 17 2023
K. Brumley

H23000286465 3

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: DESIGNER BUSINESS SOLUTIONS, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L19000049013

3. The date this member/manager withdrew/resigned or will withdraw/resign is: August 15, 2023

4. I, Richard D. Wilkes, hereby withdraw/resign as a
(Print Name of Person Resigning)

Manager and Member

(Print Title)

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

Richard D Wilkes
Signature of Dissociating Member or Resigning Manager

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

APPROVED
AND
FILED
2023 AUG 17 PM 2:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H23000286465 3