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(Re	equestor's Name)			
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
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COVER LETTER .

TO: Registration Section Division of Corporations	.•
SUBJECT: HYPE DESIGNS LLC	
	Limited Liability Company)
The enclosed member, resignation or disse	ociation and fee(s) are submitted for filing.
Please return all correspondence concerni	ng this matter to:
Christopher Adamo	
(Contact Person)	
Hype Designs LLC	
(Firm/Company)	
2040 Grant St	
(Address)	
Hollywood, FL 33020	
(City/State and Zip Code)	
For further information concerning this m	atter, please call:
Christopher Adamo	954 804-4048 at ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payabl ☐ \$25 Filing Fee	le to the Florida Department of State for: \$\equiv \\$55 \text{Filing Fee & Certified Copy}\$
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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)

	limited liability company as DESIGNS LLC	s it appears on the records of the Florida Dep	artment
2. The Florida doci	ıment/registration number a	ssigned to this limited liability company is:	
May Montago	_	signed or will withdraw/resign is: 11/19/2020, hereby withdraw/resign as a	
MGRM	ame of Person Resigning) (Print Title)		
of this limited lia resignation in wr	bility company and affirm thiting.	ne limited liability company has been notified	d of my
Signatur Di	ssociating Member or Resig	ning Manager	
•	\$25.00 (Required) \$30.00 (Optional)		1250 DEU - 5
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