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COVER LETTER

_	ision of Corporations			
SUBJECT	SURRENDER DESIGNS LLC			
nomine i	(Name of Limited Liability Company)			
The enclose	ed member, resignation or dis	sociation and fee(s	s) are submitted for filing.	
Please retu	rn all correspondence concern	ing this matter to:		
DOLORES N	MENNELLA			
	(Contact Person)		-	
SURRENDE	R DESIGNS LLC			
	(Firm/Company)	•	_	
1400 S OCE/	AN BLVD			
	(Address)		-	
MANALAPA	AN, FL 33462			
	(City/State and Zip Code)		_	
For further	information concerning this r	natter, please call:		
DOLORES M	MENNELLA	561 at (901-8970	
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)	
Enclosed p	lease find a check made payal	ble to the Florida Γ	Department of State for:	
■ \$25 Fili	ng Fee	□ \$55 Filing	g Fee & Certified Copy	
	ling Address:		Street Address:	
	istration Section		Registration Section	
	ision of Corporations . Box 6327		Division of Corporations The Centre of Tallahassee	
	lahassee, FL 32314		2415 N. Monroe Street, Suite 810	
			Tallahassee, FL 32303	

CR2E079 (2/14)





DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

DIVISION OF CORPORATIONS

(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: SURI	RENDER DESIGNS LLC
2. The Florida doc L19000230503	ument/registration number assigned to this limited liability company is:
THEE AND LADO	ember/manager withdrew/resigned or will withdraw/resign is: 5/2/2020
(Print N	, hereby withdraw/resign as a fame of Person Resigning)
MGR	
	(Print Title)
of this limited lia resignation in wr	
	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required)