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#### **COVER LETTER**

TO: Registration Section **Division of Corporations** Resignation of Manager SUBJECT: (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Guilaine Lamar Sosa, Esq. (Contact Person) Guilaine Lamar Sosa P.A. (Firm/Company) 3971 SW 8th Street, Suite 305 (Address) Miami, Florida 33134 (City/State and Zip Code) For further information concerning this matter, please call: Guilaine Lamar Sosa 799.8174 (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: □ \$55 Filing Fee & Certified Copy ■ \$25 Filing Fee Mailing Address: Street Address: Registration Section Registration Section **Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)

Tallahassee, FL 32314

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### 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 a	s it appears on the records of the Florida Department
of State is: INSI	TE DESIGN LLC	·
2. The Florida doc	ument/registration number a	assigned to this limited liability company is:
L2000	0083361	
3. The date this me	ember/manager withdrew/re	signed or will withdraw/resign is: 03/23/2020
4. 1, Emilio A. Cubero  (Print Name of Person Resigning)		hereby withdraw/resign as a
(Print 8	Same of Person Resigning)	
Manager		
	(Print Title)	
of this limited lia resignation in wr		he limited liability company has been notified of my
Land	2(nh	
Signature of D	issociating Member or Resi	gning Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	