LZO 000180343

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400355844384

12/21/20--01016--007 **25.00

130 min

JAN 2 1 2021 I ALBRITTON

COVER LETTER

TO: Registration : Division of C			
SUBJECT:	BY DESIGN (Name of Limit	LOGISTI ted Liability Con	cs_LLC
The enclosed member	er, resignation or dissocia	ition and fee(s) are submitted for filing.
Please return all corr	respondence concerning t	his matter to:	
DEENA	DAUGHTRY (Contact Person)		-
BY DESI	6N LOGISTICS (Firm/Company)	LLC	-
15630 Su	O 103rd CT (Address)		-
HIAMI 7	L 33157 City/State and Zip Code)		-
For further informati	ion concerning this matte	r. please call:	
DEENA D (Name of C	AUGHTRY Contact Person)	at (786 (Area Code	301-4852 & Daytime Telephone Number)
Enclosed please find	l a check made payable to		Department of State for: Fee & Certified Copy
Mailing Address Registration S Division of C P.O. Box 632 Tallahassee.	Section Corporations 27		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303





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

(Pursuant to 605.0216, Florida Statutes)

	limited liability company as it appears on the records of the Florida Department
of State is:	By Design Logistics LLC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
L21	0000 180343
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 9/7/20
4. I, Royce	e Hartin
<u> Manag</u>	Print Title)
of this limited liab resignation in wri	bility company and affirm the limited liability company has been notified of my ting.
hoy	ce Martin
Signature of Di	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)