## L20 000 180343

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (r.dustass)                             |
| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
| (Document Number)                       |
| (2233.03.7)                             |
| Certified Copies Certificates of Status |
|   |
| Special Instructions to Filing Officer: |
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|   |

Office Use Only



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## **COVER LETTER**

| TO: Registration Section Division of Corporations  | •  |
|--|--|
| SUBJECT: By Design Logi<br>(Name of Limited Liability Co   | stics LLC  |
| The enclosed member, resignation or dissociation and fee(  | s) are submitted for filing.   |
| Please return all correspondence concerning this matter to:  |  |
| DEENA DAUGHTRY (Contact Person)  | <del>_</del>   |
| BY DESIGN LOGISTICS (Firm/Company)   | _ 11.C   |
| 15630 SW 103rd CT  | _  |
| HIAMI FL 33/57 (City/State and Zip Code)   | <del>_</del>   |
| For further information concerning this matter, please call:                                       | <del>.</del>   |
| DEENA DAUGHTRY at (786<br>(Name of Contact Person) (Area Code                                      | 30/- 4852<br>e & Daytime Telephone Number)   |
| Enclosed please find a check made payable to the Florida I   | Department of State for:<br>g Fee & Certified Copy   |
| Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314 | 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)

| 1. The name of the                       | limited liability company as it appears on the records of the Florida Department       |
|--|--|
| of State is:                             | By Design Logistics LC   |
| 2. The Florida doc                       | ument/registration number assigned to this limited liability company is:               |
| L200                                     | 00180343   |
| 3. The date this me                      | ember/manager withdrew/resigned or will withdraw/resign is: 1/11/21                    |
|  | ELL JOHNSON, hereby withdraw/resign as a lame of Person Resigning)                     |
| mana                                     | Ger<br>Print Title)  |
| of this limited lia<br>resignation in wr | bility company and affirm the limited liability company has been notified of my iting. |
| Ausse                                    | al John  |
| Signature of Di                          | issociating Member or Resigning Manager  |
| Filing Fee:                              | \$25.00 (Required)   |
| Certified Copy:                          | \$30.00 (Optional)   |