L20000338167

(Red	questor's Name)	
(Add	dress)	
(Add	dress)	
(City	//State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates	s of Status
Special Instructions to Filing Officer:		
	SE	J. HORNE EP - y 2024

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COVER LETTER

TO: Registration Section	
Division of Corporations	
SUBJECT: THE WALLPAPER STORE LL	c
(Name of	Limited Liability Company)
The enclosed member, resignation or dis-	sociation and fee(s) are submitted for filing.
Please return all correspondence concern	ing this matter to:
TATIANA SODORIO	
(Contact Person)	
TATIANA SODORIO	
(Firm/Company)	
12971 Avalon Lake Dr apt 511, Orlando, FL, US	SA
(Address)	
Orlando, FL 32817	
(City/State and Zip Code)	
For further information concerning this n	natter, please call:
Tatiana Sodorio	at (407) 963-3915
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payab	ole to the Florida Department of State for:
☐ \$25 Filing Fee	■ \$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section	Registration Section
Division of Corporations	Division of Corporations The Centre of Tallahassee
P.O. Box 6327 Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
i anianassee, FL 32314	Tallahassee, FL 32303

CR2E079 (2/14)







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

(Pursuant to 605.0216, Florida Statutes)

1. The name of th	e limited liability compar	ny as it appears on the records of the Florida Department
of State is: THI	E WALLPAPER STORE LLC	
2. The Florida do	cument/registration numb	per assigned to this limited liability company is:
L20000238167		·
3. The date this m	nember/manager withdrev	w/resigned or will withdraw/resign is: 09/01/2023
4. I, TATIANA SO	DORIO Name of Person Resigning)	, hereby withdraw/resign as a
MANAGER	Name of Terson Resigning	
	(Print Title)	<u>—</u> ·
of this limited li resignation in w		rm the limited liability company has been notified of my
tatio	uce Sodo	<u>êo</u>
Signature of I	Dissociating Member or F	Resigning Manager
Filing Fee:	\$25.00 (Required)	

Certified Copy:

\$30.00 (Optional)

COVER LETTER

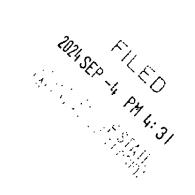
Division of Corporations SUBJECT: THE WALLPAPER STORE LLC (Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: TATIANA SODORIO (Contact Person) TATIANA SODORIO (Firm/Company) 12971 Avalon Lake Dr apt 511, Orlando, FL, USA (Address) Orlando, FL 32817 (City/State and Zip Code) For further information concerning this matter, please call: Tatiana Sodorio at (407) 963-3915
(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 Mailing Address: Registration Section Street Address: Division of Corporations Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

TO:

Registration Section





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 of State is: THE WALLPAPER STORE LLC	as it appears on the records of the Florida Department
2. The Florida document/registration number a	assigned to this limited liability company is:
3. The date this member/manager withdrew/res 4. I, TATIANA SODORIO (Print Name of Person Resigning)	signed or will withdraw/resign is: 09/01/2023, hereby withdraw/resign as a
MANAGER (Print Title)	
Dationa Folgi	e limited liability company has been notified of my
Signature of Dissociating Member or Resignature of Dissociating Member of Dissociating Memb	ing Manager