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PICK-UP WAIT MAIL				
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SECRETARY OF STATE

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COVER LETTER

-	stration Section sion of Corporations			
SUBJECT:	Palms Galore & Decor. LLC			
Seponer.	(Name of Limited Liability Company)			
The enclosed	d member, resignation or dissoc	iation and fee(s)) are submitted for filing.	
Please return	n all correspondence concerning	this matter to:		
Terrie Adams			_	
	(Contact Person)			
Palms Galore	& Decor, LLC		_	
	(Firm/Company)		_	
4549 Kempso	n Lane		_	
	(Address)			
Port Charlotte	; Fla 33981	. <u> </u>	_	
	(City/State and Zip Code)			
For further	information concerning this ma	tter, please call:		
Terrie Adams	;	941 at (6288210	
()	Name of Contact Person)	(Area Code	& Daytime Telephone Number)	
Enclosed pl ■ \$25 Filin	lease find a check made payable	e to the Florida I	Department of State for: g Fee & Certified Copy	
Reg Div P.O	ling Address: gistration Section vision of Corporations b. Box 6327 lahassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	



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)

	limited liability company as Galore & Decor. LLC	it appears on the records of the Florida Department
		signed to this limited liability company is:
	mber/manager withdrew/resi	gned or will withdraw/resign is:
Terrie Adams		, hereby withdraw/resign as a
(Print No	ame of Person Resigning)	, hereby withdraw/resign as a
Member/Manager		
	Print Title)	
of this limited liab resignation in wri		e limited liability company has been notified of my
Jerria	L Adam	<i>S</i>
Signature of Di	ssociating Member or Resig	ning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	