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(Requestor's Name)					
(Address)					
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(1841633)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Design Dynasty, Li-C (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:
Dynasty Armstrang (Contract Person)
(Firm/Company)
523 W 60 in St. (Address)
JackSanville, FL 32208 (City/State and Zip Code)
For further information concerning this matter, please call:
Dynasty Armstrong at (904) Lovo 9638. (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enciosed please find a check made payable to the Florida Department of State for: 25 Filing Fee & Certified Copy

Mailing Address:
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, Ft. 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)

1. The name of the	limited liability company a	as it appears on the records o	f the Florida Department
of State is:	Design Dynasty,	LLC	,
2. The Florida docu	ument/registration number a	assigned to this limited liabil	lity company is:
L2000	0327411;		
3. The date this me	ember/manager withdrew/re	esigned or will withdraw/resi	gn is: 12/2/20120
4.1. Casey	L Armstrong iame of Person Resigning	, hereby withdraw/res	ign as a
Man	QGPT (Print Title)		
of this limited lia resignation in wr		the limited liability company	has been notified of my
Signature of Di	issociating Member or Resig	gning Manager	2520 DEC 10
-	\$25.00 (Required) \$30.00 (Optional)		10 PN 6: 32