## L21000077692

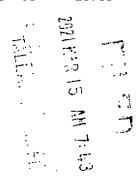
		_
	(Requestor's Name)	
<del></del> -	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-U	P WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	<u>.</u>
Certified Copies	Certificates of	Status
Special Instruction	s to Filing Officer:	

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D. BRUCE MAY 19 2021

## COVER LETTER

TO: Registration Section Division of Corporations		
LG Interiors, L.L.C SUBJECT:		
(Name of Limited Liability Cor	mpany)	
The enclosed member, resignation or dissociation and fee(s	s) are submitted for filing.	
Please return all correspondence concerning this matter to:		
LISA GREEN		
(Contact Person)	_	
LG INTERIORS LLC		
(Firm/Company)	_	
P.O BOX 727		4 120G
(Address)		7.0
Bonita Springs, FL 34133		رن 
(City/State and Zip Code)	<del>-</del>	<u> </u>
For further information concerning this matter, please call:		0 MH 7: 43
LISA GREEN 239	315-2847	
	& Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida I  \$25 Filing Fee  \$55 Filing	Department of State for: g Fee & Certified Copy	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 8 Tallahassee, FL 32303	810

CR2E079 (2/14)



## 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	s it appears on the records of the Flori	da Depar	tment
2. The Florida docu L21000077692	ument/registration number as	ssigned to this limited liability compa	iny is:	
Bryan Green		eigned or will withdraw/resign is: 03/0, hereby withdraw/resign as a	5/2021	2/21/8/22
(Print N Manager (MGR)	ame of Person Resigning)	, nerody withdrawite.sigh as a	177	<u>ं</u> ज
of this limited lia resignation in wr		ne limited liability company has been	notified o	子 Jof my S
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			