L2/000/80982

(Requestor's Name)				
(Addross)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
J DEMING				
SEP 10 2023				

Office Use Only



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2023 AUG 11 AH 8: 57

THE SECTION OF STATE

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Built on Design L (Name of Limited Liability	-LC (Company)
The enclosed member, resignation or dissociation and f	ee(s) are submitted for filing.
Please return all correspondence concerning this matter	· to:
Chris Sloan (Contact Person)	
(Contact Person) Rultun Design CLC (Firm'Company)	<u>, </u>
2107 G1/06-1 C+ (Address)	
SIAMASO +N FL 321240 (City/State and Zip Code)	
For further information concerning this matter, please concerning this matter, please concerning this matter.	all:
Daniel Lone at (94) (Name of Contact Person) (Area C	1 , 302-9873
(Name of Contact Person) (Area C	ode & Daytime Telephone Number)
Enclosed please find a check made payable to the Florid ☐ \$25 Filing Fee ☐ \$55 Fi	da Department of State for: lling 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. Monroc 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 ap	pears on the records of the Florida Department
of State is:	30:14 ON	Design	LLC.
2. The Florida doc	ument/registratio	n number assigne	d to this limited liability company is:
L2100	0180982		
3. The date this mo	mber/manager w	rithdrew/resigned	or will withdraw/resign is: $\frac{7/3i/33}{}$
4.1. Daniel			hereby withdraw/resign as a
	RG (Print Title)	·	
of this limited lia resignation in wr		nd affirm the lim	ited liability company has been notified of my
Signature of Di	ssociating Memb	per or Resigning l	Manager
Filing Fee: Certified Copy:	•	•	