121000 369518

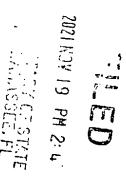
(Re	questor's Name)	 	
(Ad	dress)		
(Ad	dress)		
(Cit	y/State/Zip/Phon	e #)	
PICK-UP	☐ WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			

Office Use Only



800376567768

11.19/2:--01018 -022 *#25.00



Y SULKER DEC 0 9 2021

COVER LETTER

TO: Registration Section Division of Corporations MADE IN THE SHADE DESIGNS LLC SUBJECT: (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: NICOLE PARLADE (Contact Person) MADE IN THE SHADE DESIGNS LLC (Firm/Company) 1429 SE 3RD STREET (Address) POMPANO BEACH, FL 33060 (City/State and Zip Code) For further information concerning this matter, please call: ALAN CHERRY 9231643 (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable 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

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E079 (2/14)

P.O. Box 6327

Tallahassee, FL 32314



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	e limited liability company a	s it appears on the records of the Florida Department
of State is: MAI	DE IN THE SHADE DESIGNS L	I.C
2. The Florida doc L21000369518	cument/registration number a	assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/re	signed or will withdraw/resign is:
4. I, ALAN CHERR	Υ	, hereby withdraw/resign as a
(Print)	Name of Person Resigning)	
MGR		
	(Print Title)	_
of this limited lia resignation in w		he limited liability company has been notified of my
Signature of D	issociating Member or Resi	gning Manager
Filing Fee:	\$25.00 (Required)	, H
	\$30.00 (Optional)	