L22 0000 94244

(Req	uestor's Name)		
(Add	ress)		
(Add	ress)		
(City.	/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bus	iness Entity Nan	ne)	
(Document Number)			
Certified Copies	Certificates	of Status	
Special Instructions to Filing Officer:			

Office Use Only



400429922854

05.10.24 -U1 10- E10 **21.60

2024 HAY 17 PM 3: OF SECKETARY OF STAT



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	as it appears on the records of the Florida Department
of State is: Cole	Real Estate & Design, LLC	
2. The Florida doc	ument/registration number	r assigned to this limited liability company.js: 💈
L22000094244		TALE CRE
3. The date this me	ember/manager withdrew/r	resigned to this limited liability company, is: S/13/2027 Fig. 12 Fig. 2 Fi
Linda Cala		, hereby withdraw/resign as a بين المجاهرة
(Print l	Name of Person Resigning)	याजी व
Manager		
	(Print Title)	·
of this limited lia resignation in w		the limited liability company has been notified of my
Linde	Cole	
Signature of D	issociating Member or Re	signing Manager
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)	
Cerunea Copy.	\$20.00 (Optionar)	

COVER LETTER

TO: Registration Section		
Division of Corporations		
SUBJECT: Cole Real Estate & Design, LLC		
	ed Liability Company)	
The enclosed member, resignation or dissociation	tion and fee(s) are submitted for filing.	
Please return all correspondence concerning th	his matter to:	
Cassandra Cole		
(Contact Person)		
Cole Real Estate & Design, LLC		
(Firm/Company)		
6498 Broadtree Court		
(Address)	202 SE	
Tallahassee, FL 32317	TALL	
(City/State and Zip Code)	TAR:	
For further information concerning this matter.	2024 HAY 17 PM 3: 08 SECRETARY OF STAT TALLAHASSEE, FL 850 au 284-4814	
Cassandra Cole	850 284-4814 F.A. 0	
(Name of Contact Person)	(Area Code & Daytime Telephone Number)	
Enclosed please find a check made payable to to \$\equiv \$25 \text{ Filing Fee} \qquad [the Florida Department of State for: S55 Filing Fee & Certified Copy	
Mailing Address:	Street Address:	
Registration Section	Registration Section Division of Corporations	
Division of Corporations P.O. Box 6327	The Centre of Tallahassee	

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)

Tallahassee, FL 32314