## L22000149197

| (Requestor's Name)                      |
|---|
|   |
| (Address)                               |
|   |
| (Address)                               |
| (1831888)                               |
|   |
| (City/State/Zip/Phone #)                |
|   |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
| (Boothelik Hambor)                      |
|   |
| Certified Copies Certificates of Status |
|   |
| Special Instructions to Filing Officer: |
| 3                                       |
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SECINETARY OF STATE

2022 HAY 23 PH 1: C

#### **COVER LETTER**

| Division of Corporati  | ons                   |               |  |
|--|-----------------------|---------------|--|
| MARIA DESIG  | NS LLC                |               |  |
|  | (Name of Limited)     | Liability Com | npany)   |
| The enclosed member, resign  | nation or dissociatio | n and fee(s)  | are submitted for filing.  |
| Please return all corresponde  | nce concerning this   | matter to:    |  |
| LAXNESS PLAZA  |                       |               |  |
| (Contact   | Person)               |               | •  |
| MARIA DESIGNS LLC  |                       |               |  |
| (Firm/Co   | ompany)               |               | -  |
| 7516 NW 112TH PŁ   |                       |               |  |
| (Addr  | ess)                  |               | -  |
| MEDLEY, FL 33178   |                       |               |  |
| (City/State a  | nd Zip Code)          | <del>.</del>  | •  |
| For further information conc   | erning this matter, p | lease call:   |  |
| LAXNESS PLAZA  | at i                  | 786<br>(      | 223-4032   |
| (Name of Contact P   | erson)                | Area Code     | & Daytime Telephone Number)  |
| Enclosed please find a check   \$\mathbb{\overline}\$ \$25 Filing Fee                          | • •                   |               | repartment of State for: Fee & Certified Copy  |
| Mailing Address: Registration Section Division of Corporati P.O. Box 6327 Tallahassee, FL 3231 |                       |               | Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303 |

CR2E079 (2/14)



# FILED 2022 MAY 23 PM 1: 09 SEURLTARY OF STATE TALLAHASSEE, FL

### 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 it appears on the records of the Florida Department ARIA DESIGNS LLC                            |
|--|--|
| 2. The Florida doc<br>L22000149197       | ument/registration number assigned to this limited liability company is:   |
|  | ember/manager withdrew/resigned or will withdraw/resign is:  WING, hereby withdraw/resign as a  **Came of Person Resigning** |
| AMBR                                     | (Print Title)  |
| of this limited lia<br>resignation in wr | bility company and affirm the limited liability company has been notified of my  |
| •  | \$25.00 (Required)<br>\$30.00 (Optional)   |