

L11000088680

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
16 OCT 24 PM 3:54

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** VIDASI, LLC

(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:

MADELEINE D. LONGARAY, P.A.

(Contact Person)

LONGARAY & ASSOCIATES, INC.

(Firm/Company)

8360 WEST FLAGLER ST STE 203

(Address)

MIAMI, FL 33144

(City/State and Zip Code)

For further information concerning this matter, please call:

MADELEINE D. LONGARAY, P.A. at (305) 553-9801

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

16 OCT 24 PM 3:54  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE



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: VIDASI, LLC

2. The Florida document/registration number assigned to this limited liability company is: L11000088680

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 4/30/16

4. I, DANIEL FERRANTE, hereby withdraw/resign as a  
(Print Name of Person Resigning)

MGRM

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

X [Signature]

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

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FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA