

L01 0000002690

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

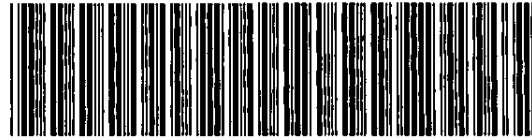
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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17 APR 17 PM 2:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S Warren

APR 18 2017

MICHAEL P. DIGNAZIO

ATTORNEY AT LAW  
227-229 N. OLIVE STREET  
P.O. BOX 428  
MEDIA, PENNSYLVANIA 19063

(610) 565-8535  
FAX (610) 891-7215

April 12, 2017

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

Gentlemen:

Enclosed herewith please find cover letter with three (3) Dissociation or Resignation of Members from Cicconi Holdings LLC.

I am enclosing my firm check of \$75.00 to cover these three (3) filing fees.

Should you require any further information, please do not hesitate to call.

Very truly yours,

  
MICHAEL P. DIGNAZIO

MPD/bjk  
Enclosure

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Cicconi Holdings 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:

Michael P. Dignazio, Esquire  
(Contact Person)

Law Office of Michael P. Dignazio  
(Firm/Company)

229 N. Olive Street  
(Address)

Media, PA 19063  
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael P. Dignazio, Esquire at ( 610 ) 565-8535  
(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 \$75 (3)

☐ \$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



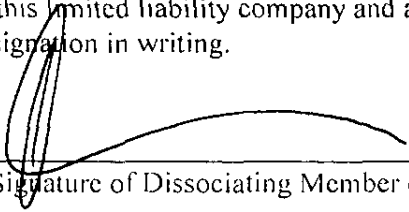
FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**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: Cicconi Holdings LLC.
2. The Florida document/registration number assigned to this limited liability company is:  
L01000002690.
3. The date this member/manager withdrew/resigned or will withdraw/resign is: April 15, 2017.
4. I, Louis R. Cicconi, Jr., hereby withdraw/resign as a  
(Print Name of Person Resigning)  
Member  
(Print Title)

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

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

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

**FILED**  
**17 APR 17 PM 2:28**  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA