

LO3000002863

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



500304078655

10/02/17--01014--023 \*\*55.00

FILED  
17 OCT -2 PM 1:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

S. WARREN

OCT 03 2017

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FAM, 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:

Javier Quinones

(Contact Person)

(Firm/Company)

13540 SW 105 Ave

(Address)

Miami, FL 33176

(City/State and Zip Code)

For further information concerning this matter, please call:

Javier Quinones

(Name of Contact Person)

at (305) 772-3871

(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



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: FAM, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L03000002863

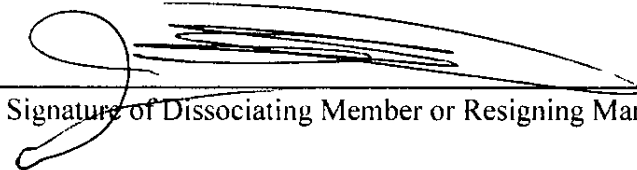
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 9-22-2017

4. I, Javier Quinones, 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 OCT -2 PM 1:58  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA