## 1070000 29733

(Re	equestor's Name)	_
(Ad	idress)	
(Ad	ldress)	
(Ci	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
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## **COVER LETTER**

CR2E079 (2/14)

TO:	Registration Section Division of Corporations		
SUBJ	ECT: The Fuss LLC		
	(Name of Limited	d Liability Con	npany)
The en	nclosed member, resignation or dissociati	on and fee(s	) are submitted for filing.
Please	e return all correspondence concerning thi	s matter to:	
	Lauren E Spring		
	(Contact Person)		-
	The Fuss LLC		
	(Firm/Company)		<u>-</u>
	205 Reid Avenue		_
	(Address)		
	Port Saint Joe, FI 32456		
	(City/State and Zip Code)		_
For fi	urther information concerning this matter,	please call:	
La	uren E Spring	at (850	227-7555
	(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
	sed please find a check made payable to t 5 Filing Fee		Department of State for: g Fee & Certified Copy
STRI	EET/COURIER ADDRESS:		MAILING ADDRESS:
_	stration Section		Registration Section
	ion of Corporations		Division of Corporations
	on Building		P.O. Box 6327
	Executive Center Circle hassee, Florida 32301		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)

imited liability company as	it appears on the records of the Fl	orida De	partm	ent
e Fuss LLC				_·
ment/registration number as:	signed to this limited liability con	npany is:		
nber/manager withdrew/resi	gned or will withdraw/resign is: _	12/31/1	8	_
4. I,, hereby withdraw/resign as		ì		
ime of Person Resigning)				
Print Title)				
vility company and affirm the	e limited liability company has be	en notific	ed of	my
A Haire				
ssociating Member or Resign	ning Manager	<b>基</b> 倍	19	
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· •		<u> </u>	$\overline{\omega}$	H.E
330.00 (Optional)		ţī.	0	
			<del>عاد.</del> نسم	-
			<b>*</b> : 2	
	e Fuss LLC  ment/registration number as 9733  mber/manager withdrew/residence of Person Resigning)  Print Title)  mility company and affirm the ting.	ment/registration number assigned to this limited liability company and affirm the limited liability company has be ting.  ### Print Title  ### Speciating Member or Resigning Manager  \$25.00 (Required)	ment/registration number assigned to this limited liability company is:  9733  Inber/manager withdrew/resigned or will withdraw/resign is:  Haire  Inber/manager withdrew/resigned or will withdraw/resign as a sume of Person Resigning)  Print Title)  Inility company and affirm the limited liability company has been notified ting.  Haire  Sesociating Member or Resigning Manager	ment/registration number assigned to this limited liability company is:  9733  Inber/manager withdrew/resigned or will withdraw/resign is:  Haire