

Division of Corporations

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Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850)617-6383

L. SELLERS

From:  
Account Name : FOX & RAMUNNI, P.A.  
Account Number : I20070000156  
Phone : (863)675-4646  
Fax Number : (863)675-4174

DEC 17 2008

EXAMINER

LLC AMND/RESTATE/CORRECT OR M/MG RESIGN

FLMG, LLC

Certificate of Status	0
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Estimated Charge	\$25.00

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FLMG, LLC  
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

STEVEN A. RAMUNNI  
(Contact Person)

FOX & RAMUNNI, P.A.  
(Firm/Company)

110 N MAIN STREET  
(Address)

LABELLE, FL 33935  
(City/State and Zip Code)

For further information concerning this matter, please call:

STEVEN A. RAMUNNI at ( 863 ) 675-4646  
(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



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER  
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**


1. The name of the limited liability company as it appears on the records of the Florida Department of State is: FLMG, LLC

2. This limited liability company was organized under the laws of: JUNE 12, 2007

3. The Florida document/registration number of this limited liability company is: L07000062051

4. I, GRAZIANO BUCCINI, hereby resign as a MGRM  
*(Print Name of Person Resigning)* *(Print Title)*

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

  
Signature of Resigning Member, Managing Member or Manager

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

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