

L09000075636

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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15 APR 17 10:00 AM  
SECURITY  
TALLAHASSEE, FL

*mgr/mgrm Resignation*

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Interagency Readiness Solutions, 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:

Anthony M. Riscica

(Contact Person)

(Firm/Company)

PO Box 13134

(Address)

Albany, New York 12212

(City/State and Zip Code)

For further information concerning this matter, please call:

Anthony M. Riscica

(Name of Contact Person)

518 7914193

(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

FILED  
15 APR 17 PM 2:30  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FILED  
15 APR 17 PM 2:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: Interagency Readiness Solutions, LLC.

2. The Florida document/registration number assigned to this limited liability company is:  
L09000075636.

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 1 April 15

4. I, Anthony M. Riscica, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

Vice President/Secretary

*(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)