



## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: FINISHLINE Signs + GRAFIX 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:

THOMAS GRAGNANIELLO  
(Contact Person)

FINISHLINE Signs + GRAFIX LLC  
(Firm/Company)

11034 SR 52  
(Address)

HUDSON FL 34669  
(City/State and Zip Code)

For further information concerning this matter, please call:

THOMAS GRAGNANIELLO at 772 243-0786  
(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: FINISHLINE SIGNS + GRAPHX LLC

2. This limited liability company was organized under the laws of:  
FLORIDA

3. The Florida document/registration number of this limited liability company is:  
L10000108310

4. I, THOMAS GRAGNAPPE LLC, hereby resign as a MANAGER  
(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)

FILED  
11 AUG - 8 PM 2:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA