## 000130632

(Requestor's Name)	
(Address)	900344507439
(Address)	
(City/State/Zip/Phone #) .	05/26/2001034007 **23
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	2020 HAY 26
Special Instructions to Filing Officer:	26 AH 7: 52

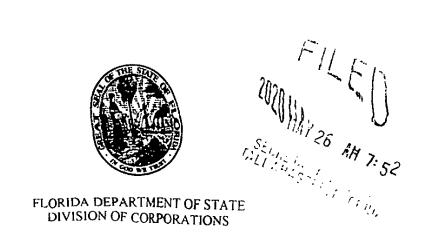
Office Use Only

\*\*25.00

JUN 1 3 2020 I ALBRITTON

## **COVER LETTER**

Division of Corporations	
FIG MANAGEMENT LLC SUBJECT:	
	ed Liability Company)
The enclosed member, resignation or dissocial	ion and fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to:
DELMA KOESSLER	
(Contact Person)	
FIG MANAGEMENT LVC	
(Firm/Company)	
801 BRICKELL AVE STE 900	
(Address)	
MIAMI, FL 33131	
(City/State and Zip Code)	
For further information concerning this matter	, please call:
(No. 19 Control Brown)	at ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to	•
■ \$25 Filing Fee	☐ \$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA CR FOREIGN LIMITED LIABILITY COMPANY

(Pursuantto 605.0216, Florida Statutes)

	Elimited liability company as it appears on the records of the Florida Department MANAGEMENT LLC
2. The Florida doc 1.10000130632	ument/registration number assigned to this limited liability company is:
3 The date this me	ember/manager withdrew/resigned or will withdraw/resign is:
DUDEN CANCE	
AMBR	
<del></del>	(Print Title)
resignation in wi	bility company and affirm the limited liability company has been notified of my iting.  issociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)