## LIZIOOOUTTET

(Re	questor's Name)			
(Address)				
(Ad	dress)			
(Cit	y/State/Zip/Phone	<del>)</del> #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Nar	ne)		
(Do	cument Number)			
Certified Copies	_ Certificates	of Status		
Special Instructions to	Filing Officer:			
		!		
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Office Use Only



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MIS NOV 12 P 4: 10
SECRETARY OF STATE

HOV 13 WID BRUCE

## **COVER LETTER**

TO: Registration Section

CR2E079 (2/14)

Division of Corporations					
SUBJECT: Federmouse LLC					
(Name of Limited Liability Company)					
The enclosed member, resignation or disso	ociation and fee(s)	) are submitte	d for filing.		
Please return all correspondence concerning	ng this matter to:				
Saul Federman					
(Contact Person)					
(Firm/Company)		-			
804 Hawks Bluff		_			
(Address)	<del></del> .				
Clermont, FL 34711			7A.		
(City/State and Zip Code)		<del>-</del>	2015 NOV	C314(197	
For further information concerning this ma	atter, please call:		DV 12	A SERVICE SERV	
Saul Federman	352 at (	243-5644	ES TO		
(Name of Contact Person)	(Area Code	& Daytime Te	lephone Numbe	r)	
Enclosed please find a check made payable \$25 Filing Fee		epartment of Fee & Certifi	State for:		
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301		MAILING A Registration Division of C P.O. Box 632 Tallahassee,	Section Corporations		



## 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 a	as it appears on the records of t	he Florida Department	
	2. The Florida documents   L12000004787	_	assigned to this limited liability	y company is:	
	3. The date this men	nber/manager withdrew/re	esigned or will withdraw/resign	11/9/2015 n is:	
	Canala A □		, hereby withdraw/resign		
	(1	Print Title)	•	CORE NO.	
	of this limited liab resignation in writ	ility company and affirm t ing.	the limited liability company has been notified of my		
at	CAG am	Lymnan		FLORE TO CO	
G.M.	Signature of Dissociating Member or Resi		gning Manager	A P	
	=	\$25.00 (Required)			
	Certified Copy:	\$30.00 (Optional)			