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#### **COVER LETTER**-

Division of Corporations BOTTICELLI ADVISORS, 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:

CRAIG T. GALLE, ESQ

THE GALLE LAW GROUP, P.A
(Firm/Company)

13501 South Share Blvd. #103

WELLINGTON, FZ 33414

(City/State and Zin Code)

For further information concerning this matter, please call:

CRAIG T. GALLE at (561) 798-1708

(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

CR2E079 (2/14)

TO:

Registration Section



FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

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### 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)

1. The name of the	limited liability company as it appears on the records of the Florida Department
of State is:	BOTTICELLI ADVISORS, LLC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
_L1200	0012565
3. The date this mer	mber/manager withdrew/resigned or will withdraw/resign is: OCTOBER 27, 2014
	me of Person Resigning), hereby withdraw/resign as a
MA	VAGER Print Title)
resignation in wri	sility company and affirm the limited liability company has been notified of my ting.
Signature of Dis	ssociating Member or Resigning Manager
•	\$25.00 (Required) \$30.00 (Optional)