(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP MAIT MAIL (Business Entity Name) (Document Number) Certificates of Status _ Certified Copies _____

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J. SAULSBERRY EXAMINEIS

OCT 3 2013

COVER LETTER

TO: Registration Section Division of Corporations	•
SUBJECT: FUMARE FELICE (Name of Limited L	iability Company)
The enclosed member, managing member or man filing.	ager resignation and fee(s) are submitted for
Please return all correspondence concerning this i	natter to:
GERO GEILENBRUEGGE (Contact Person)	
. (Firm/Company)	·
8754 RIVER HOHES LN # 30 (Address)	02
BONITA SPRINGS FL 3413 (City/State and Zip Code)	, ,
For further information concerning this matter, pl	ease call:
GERO GEI GEN BRUEGGE at ((Name of Contact Person)	Z39 4040220 Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the 22 \$25 Filing Fee	Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassae, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company a	as it appears on the records of t	he Florid	da Depa	ırtment
	lity company was organize	,		JAN TAN	2013 SEP 30
3. The Florida docu		of this limited liability compar	ıy is:	S TENT	AMII: 17
(Print No	ame of Person Resigning) pility company and affirm t	, hereby resign as a the limited liability company h	(Prini	t Title)	of my
Signature of Resignature	gring Member, Managing	Member or Manager			
_	\$25.00 (Required) \$30.00 (Optional)				