L13000009154

(Requ	estor's Name)	
(Addre	ess)	
(Addr	ess)	
(City/S	State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Busin	ness Entity Nar	me)
(Docu	ment Number)	
Certified Copies		
Special Instructions to Fil	ing Officer:	



500267547425

12/18/14--01019--015 ***75.00

SECRETARY OF STATE DIVISION OF CORPORATIONS

Office Use Only-

Ch'z414

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: FIJOO, LLC		
(Name of Lim	ited Liability Com	npany)
The enclosed member, resignation or dissoci	ation and fee(s)) are submitted for filing.
Please return all correspondence concerning	this matter to:	
Jennifer Hoenig, Esq.		
(Contact Person)		-
West Hill Technology Counsel		_
(Firm/Company)		•
900 Cummings Center, Ste 206-T		_
(Address)		
Beverly, MA 01915		_
(City/State and Zip Code)		
For further information concerning this matter	er, please call:	
Jennifer Hoenig, Esq.	978 at (274-7058
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable t ■ \$25 Filing Fee		Pepartment of State for: 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)



SECRETARY OF STATE DIVISION OF CORPORATIONS

14 DEC 18 AM 8: 22

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 of State is: FIJO	limited liability company as it appears on the records of the Florida Department O, LLC
	ment/registration number assigned to this limited liability company is:
3. The date this men	mber/manager withdrew/resigned or will withdraw/resign is: 12/10/2014
4. I, Peter Dunbar	
Member	
	(Print Title)
of this limited liab	pility company and affirm the limited liability company has been notified of my ting.
Signature of Di	ssociating Member or Resigning Manager
_	\$25.00 (Required) \$30.00 (Optional)