

LI3000172119

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

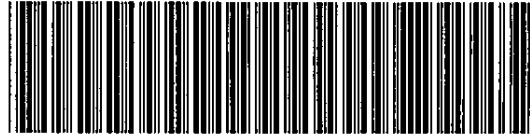
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900270912989

04/02/15--01015--016 \*\*25.00

FILED  
15 APR -2 PM 2:50

LC  
Diss. mbr.

APR 06 2015

R. WHITE

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Fair Vending, 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:

Carmen Gibson  
(Contact Person)

Fair Vending LLC  
(Firm/Company)

5286 Lighthouse Road  
(Address)

Orlando, FL 32808  
(City/State and Zip Code)

For further information concerning this matter, please call:

Carmen Gibson at 407 770-3529  
(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



FILED

15 APR -2 PM 2:49

STATE OF FLORIDA

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: Fair Vending, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L13000172119

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 03/19/2015

4. I, Carmen Gibson, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

MGMR  
*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

*Carmen Gibson*  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)