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9. £. 13 :

COVER LETTER

TO: Registration Section Division of Corporations			
SUBJECT: Furo Products, 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:			
Jacob May (Contact Person)			
Tauro Products (Firm/Company)		21	
701 Brickell key Blad. #501) KAR 12	CHAPTER STATE
Miami, FC 33/3/ (City/State and Zip Code)	SEE FLOR	PH 5: 24	1
For further information concerning this matter, please call:	<u>Ş</u> A	Ť	
Tacob May at (850) 445-037 (Name of Contact Person) (Area Code & Daytime Telephone Num	<u>5</u>		
Englosed please find a check made payable to the Florida Department of State for: \$\sigma \\$25 \text{ Filing Fee & Certified Copy}\$			

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

CR2E079 (2/14)

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



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)

		t appears on the records of the I	Florida Depa	rtmen	ıt
of State is:	Tauro Product	rs, LCC			
2. The Florida doc	ument/registration number ass	igned to this limited liability co	ompany is:		
L140	000004946	 -			
3. The date this me	mber/manager withdrew/resig	ned or will withdraw/resign is:	3/1/14		
4. I, John		, hereby withdraw/resign as			
	(Print Title)				
of this limited lia resignation in wr		limited liability company has b	een notified	of my	,
Dag	1- May		20	2014	
Signature of Di	ssociating Member or Resigni	ng Manager	A STATE	MAR 12	(American)
Filing Fee:	• •		SCE E	2 2 2 3	m
Certified Copy:	\$30.00 (Optional)	·	SIAIE	5: 24	