# 114000108420

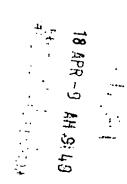
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300311371823

04/09/18--01004--003 \*\*25.00



Y SULKER APR 1 0 2018

#### **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: FAD SIX 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:
Gary Willo (Contact Person)
FAB SIX PRODUCTS (Firm/Company)
20206 Tenora Drive (Address)
Venice FL 34293 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (HOH) 550 - 7145  (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for:  \$25 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)

1. The name of the limited liability company as it appears on the records of the Florida Department
of State is: FAB SIX PRODUCTS LLC.
2. The Florida document/registration number assigned to this limited liability company is:
L14000108420
3. The date this member/manager withdrew/resigned or will withdraw/resign is:
4. 1. Reference of Person Resigning), hereby withdraw/resign as a reference of Person Resigning)
Authorized Monker (Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.  Signature of Dissociating Member or Resigning Manager
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)