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



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COVER LETTER

TO: Registration Section

CR2E079 (2/14)

| Division of Corporations | | | |
|---|----------------|---|--|
| SUBJECT: Empire Sheds & More, LLC | | | |
| (Name of Limited Liability Company) | | | |
| The enclosed member, resignation or dissociation and fee(s) are submitted for filing. | | | |
| Please return all correspondence concerning t | his matter to: | | |
| Frank J. Lacquaniti, Esquire | | | |
| (Contact Person) | | _ | |
| Law Offices of John L. Di Masi, P.A. | | | |
| (Firm/Company) | | _ | |
| 801 N. Orange Avenue, Suite 500 | | | |
| (Address) | | _ | |
| Orlando, Florida 32801 | | | |
| (City/State and Zip Code) | | _ | |
| For further information concerning this matter, please call: | | | |
| Frank J. Lacquaniti | 407 at (| 839-3383 | |
| (Name of Contact Person) | (Area Code | & Daytime Telephone Number) | |
| Enclosed please find a check made payable to the Florida Department of State for: \$\square\$ \$\s | | | |
| 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 | |



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 or | n the records of the Florida Department |
|--|---|
| of State is: Empire Sheds & More, LLC | · |
| 2. The Florida document/registration number assigned to thi L14000114004 | s limited liability company is: |
| 3. The date this member/manager withdrew/resigned or will | withdraw/resign is: 3/17/2016 |
| Bruce Fitzgerald | y withdraw/resign as a |
| (Print Name of Person Resigning) | |
| Member/Manager | 6 6 ∴ ⊒ |
| (Print Title) | 40 A |
| Member/Manager (Print Title) of this limited liability company and affirm the limited liab resignation in writing. | pility company has been notified of my |
| | 42 |
| Signature of Dissociating Member or Resigning Manage | |

Filing Fee: \$25.00 (Required)

Certified Copy: \$30.00 (Optional)