## L14000152795

(Re	equestor's Name)	
(Àc	ddress)	***
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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SECRETARY OF STATE
TALL AHASSEE, FLORIDA

APR 1 4 2015 T. CARTER



## FLORIDA DEPARTMENT OF STATE **Division of Corporations**

February 24, 2015

ANTONIO VISCOMI VISCOMI BROS LLC 8135 GERBERA DRIVE UNIT 10103 NAPLES, FL 34113 US

SUBJECT: VISCOMI BROS LLC Ref. Number: L14000152795

We have received your document for VISCOMI BROS LLC. However, the document has not been filed and is being returned for the following:

The fee to file the resignation or dissociation of a member/manager is \$25.00.

The resigning member/manager must sign the document.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tina D Carter Regulatory Specialist

Letter Number: 315A00003884



15 APR -3 PM 12: 44

## 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:	VISCOMI BIOS LLC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
L 1400	10152795
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 2-6-/5
4. I. Bradle	the of Person Resigning), hereby withdraw/resign as a
Registe	Pred Agent MGT (Print Title)
of this limited lial resignation in wri	bility company and affirm the limited liability company has been notified of my ting.
Bul	tolers
Signature of Di	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)