115000004113

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
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A. HARRIS

COVER LETTER

TO: Registration Section Division of Corporations	₹	
SUBJECT: Fuelgies LLC (Name of Limite	ed Liability Con	npany)
The enclosed member, resignation or dissociate	tion and fee(s) are submitted for filing.
Please return all correspondence concerning th	nis matter to:	
Walter J. Stanton III		
(Contact Person)		-
Invoice Management, Inc.		
(Firm/Company)		-
5663 Michelangelo Street		
(Address)		_
Coral Gables, FL 3314		
(City/State and Zip Code)		_
For further information concerning this matter	, please call:	
Walter J. Stanton III	305	458-5131
(Name of Contact Person)	(Area Code	& Daytime Telephone Number)
Englosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$\sum \\$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

CR2E079 (2/14)



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:	·
2. The Florida document/registration number ass L15000004113	signed to this limited liability company is:
3. The date this member/manager withdrew/resi	gned or will withdraw/resign is:
4. I,	
(Print Name of Person Resigning)	
Manager	17
(Print Title)	E
resignation in writing.	e limited liability company has been notified of my
Signature of Dissociating Member or Resign	ning Manager

Filing Fee:

\$25.00 (Required)

Certified Copy:

\$30.00 (Optional)