

415000051465

(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



300303812783

10/03/17--01013--013 \*\*25.00

RECEIVED  
FALL RIVER  
MASS  
OCT 3 2017

2017 OCT -3 PM 2:47

1.1.1

K. SALY  
OCT -4 2017

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Fortune 360 Group 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:

Ronald L. Myers

(Contact Person)

Fortune 360 Group LLC

(Firm/Company)

8211 West Broward Boulevard, Suite 420

(Address)

Plantation, FL 33324

(City/State and Zip Code)

For further information concerning this matter, please call:

Ronald L. Myers

954

800-5500

at ( )

(Name of Contact Person)

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$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



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FILED  
2017 OCT -3 PM 2:47  
HALL COUNTY CLERK  
TALLAHASSEE, FLORIDA

**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: Fortune 360 Group LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L15000051465

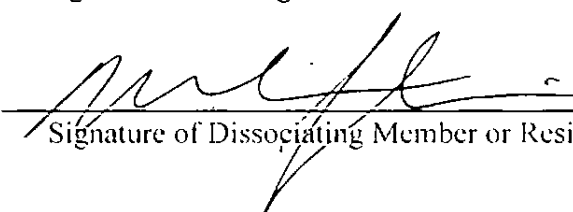
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 9/29/2017  
Dernis Financial Consultants Corp

4. I, \_\_\_\_\_, hereby withdraw/resign as a  
(Print Name of Person Resigning)

Managing Member

(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)