## L150000 75461

(Re	equestor's Name)				
(Ac	ddress)				
(Ac	ldress)				
(Ci	ty/State/Zip/Phon	e #)			
PICK-UP	<b></b> WAIT	MAIL			
(Bu	usiness Entity Nar	ne)			
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					





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06/15/15--0103/--013 \*\*25.00





## 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 of State is:	limited liability compar	ny as it app	ears on the	records of the	Florida Department
L1500	oment/registration numb			•	
3. The date this me 4. I, Richson  (Print N	mber/manager withdrev  one of Person Resigning)  (Print Title)	w/resigned ,	or will with	draw/resign is ndraw/resign a	: <u>6/5/15</u> s a
	bility company and affir				
Signature of Di	ssociating Member or F	Resigning N	Manager		
	\$25.00 (Required) \$30.00 (Optional)				

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Florida Islama Con (Name of Limited Liability Con	
The enclosed member, resignation or dissociation and fee(s	) are submitted for filing.
Please return all correspondence concerning this matter to:	
Giovannii Micosia	
(Contact Person)  (Contact Person)  (Firm/Company)	_
DIOVAMIN MICOLIA	_
4/75 Davie RJ #//0	
(Address)	_
Dane, FL 333/4	
(City/State and Zip Code)	
For further information concerning this matter, please call:	15 JU SECRE
GIOVANIMI //1011A at (954	726-55
(Name of Contact Person) (Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to the Florida D \$25 Filing Fee \$55 Filing	Department of State for Signature & Certified Cop
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
	I.O. DOR ODDI

Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle Tallahassee, Florida 32301