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(Re	questor's Name)	
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(Cit	ty/State/Zip/Phone	<del>#</del> )
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nam	e)
(Do	ocument Number)	
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Special Instructions to	Filing Officer	
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NOV 07 2016 S. YOUNG TALLAHASSEE, FLORIDA

#### **COVER LETTER**

TO:	Registration Section
	Division of Corporations

SUBJECT: Signe of Limited Liability Company)

(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:

Steve Gianfilippo (Contact Person)
Gianco Companies
4830 W. Kennedy Blvd Suite 445
Tampa FL 33609 (City/State and Zip Code)

II: 57

NETARY OF STATE

For further information concerning this matter, please call:

There Grianfilippo	at (727) 432-3547
(Name of Contact Person)	(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for: \$\forall \$25 \text{ 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: Company	artment 	
2. The Florida document/registration number assigned to this limited liability company is:  LUSO DOVO 4392		
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 4. I, 5 teve Gianfilippo , hereby withdraw/resign as a (Print Name of Person Resigning)	<u>8, 2</u> i	ol6
(Print Title)  of this limited liability company and affirm the limited liability company has been notified resignation in writing.	Tổ Mấy Lo∰y	SECRETA TALLAHAS
Signature of Dissociating Member or Resigning Manager	4 AM II: 58	STELL LOGION
Filing Fee: \$25.00 (Required)		

Certified Copy:

\$30.00 (Optional)