L15000160870					
(Requestor's Name) (Address) (Address)	600311191616				
(City/State/Zip/Phone #)	04/02/1801048018 **25.00				
(Business Entity Name) (Document Number) Certified Copies Certificates of Status					
Special Instructions to Filing Officer:	ASSET IN PR				
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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:	Fusion	STRATEGIC	SOLY rions,	LLC.

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

L15000160870

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 03/29/18

4. I, MANIO E. FALCONI, hereby withdraw/resign as a (Print Name of Person Resigning)

MEMBER / V. P. OF OPENATIONS (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 of Resigning Manager

Filing Fee: Certified Copy:

\$25.00 (Required) . \$30.00 (Optional)

