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D. SCOTT JAN 1 0 2017

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: VILLAFUERTE & FABIAN, 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:	
MICHAEL J. KIERZYNSKI	
(Contact Person)	
KIERZYNSKI & ASSOCIATES, CPA, PA	
(Firm/Company)	
5143 COMMERCIAL WAY	
(Address)	
SPRING HILL, FL 34606	
(City/State and Zip Code)	
For further information concerning this matter, please call:	7 = =
MICHAEL J. KIERZYNSKI 352 597-2800	7.1
(Name of Contact Person) (Area Code & Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida Department of State for: \$\Bigsim \text{\$\frac{1}{2}\$} \	
STREET/COURIER ADDRESS: MAILING ADDRESS:	

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

CR2E079 (2/14)

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



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: VILL	AFUERTE & FABIAN, LL	<u> </u>
2. The Florida docu L1500017925	_	signed to this limited liability company is:
3. The date this me	mber/manager withdrew/res	gned or will withdraw/resign is: 12/30/2016
4. I, JOSE VILLAFUERTE , hereby withdraw/resign as a (Print Name of Person Resigning)		, hereby withdraw/resign as a
MANAGER		
	(Print Title)	
of this limited lial resignation in wri	· · ·	e limited liability company has been notified of my
X Jose O.V. Signature of Di	Sociating Member or Resign	1/04/17 ning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	