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SECRETARY OF SAME

JUN 0 6 2016 J. BRUCE

#### **COVER LETTER**

TO: Registration Section Division of Corporations			
SUBJECT: Fadam Investments 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:			
Ray Colucci (Contact Person)			
Fadam Investments LLC (Firm/Company)			
21042 Via Eden E E T			
Boca Raton FL 33433 (City/State and Zip Code)			
For further information concerning this matter, please call:			
Roy Colucci at (561) 445-6134  (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 & 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)

	d liability company as it appears on the records of the	e Florida Department
2. The Florida document/re	registration number assigned to this limited liability	company is:
3. The date this member/m	nanager withdrew/resigned or will withdraw/resign i	s: <u>6127116</u>
4. I, CHACH 'A (Print Name of P	Person Resigning), hereby withdraw/resign	as a
M.M.	itle)	
of this limited liability coresignation in writing.	ompany and affirm the limited liability company has	s been notified of my
Signature of Dissociati	2—————————————————————————————————————	
Signature & Dissoviation	and Memori of Resigning Munuger	
	5.00 (Required) 0.00 (Optional)	