

L16 000013386

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

Foreign Fusion LLC

SUBJECT: _____
(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:

Rayvin Alexander

(Contact Person)

Foreign Fusion LLC

(Firm/Company)

2014 nw 59th way

(Address)

laudherhill , Florida 33313

(City/State and Zip Code)

For further information concerning this matter, please call:

Rayvin Alexander

754

715 1781

(Name of Contact Person)

at (_____) _____

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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
Foreign Fusion LLC
of State is: _____

2. The Florida document/registration number assigned to this limited liability company is:
L16000013386

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 8/4/21
Angella Alexander

4. I, _____, hereby withdraw/resign as a
(Print Name of Person Resigning)
Manager

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my
resignation in writing.

Angella Alexander
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)