## 116000071284

(Requ	estor's Name)	
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SECTIONS OF STATE ALLAHASSEE FEORIDE

K. SALY OCT 24 2017

## **COVER LETTER**

	istration Section sion of Corporations		
	Fusion Green LLC		
SUBJECT:	<del></del>	Limited Liability C	Company)
The enclose	d member, resignation or dis	sociation and fee	e(s) are submitted for filing.
Please return	n all correspondence concern	ing this matter to	o:
Andrew Do	ouglas, P.A		
	(Contact Person)		
	(Firm/Company)	<u> </u>	- <u>-</u>
6824 Griffin	n Road		
	(Address)		<u> </u>
Davie, Flor	ida 33314		
	(City/State and Zip Code)		<del></del>
For further in	nformation concerning this n	natter, please cal	l:
Andrew Do	uglas	954 at (	474 4420
(N	ame of Contact Person)	(Area Coo	le & Daytime Telephone Number)
Enclosed ple \$25 Filing	ase find a check made payab g Fee		Department of State for: ng Fee & Certified Copy
	OURIER ADDRESS:		MAILING ADDRESS:
Registration Division of C			Registration Section
Clifton Build			Division of Corporations P.O. Box 6327
2661 Executi	ive Center Circle		Tallahassee, Florida 32314
Fallahassoo -	Florida 32301		

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)

Fu	he limited liability company as it appears on the records of the Florida Department sion Green LLC
2. The Florida do L160000712	ocument/registration number assigned to this limited liability company is:
3. The date this r GLOVER L	nember/manager withdrew/resigned or will withdraw/resign is:
(Prini Member	. hereby withdraw/resign as a Name of Person Resigning)
	(Print Title)
of this limited I resignation in v	iability company and affirm the limited liability company has been notified of my vriting.
2.9	Dissociating Member or Resigning Manager
Signature of [	Dissociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)