## 1/6000/43223

(Re	questor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	ty/State/Zip/Phone	e #)	
PICK-UP	☐ WAIT	MAIL	
(Bu	siness Entity Nar	ne)	
(Do	ocument Number)		
Certified Copies	_ Certificates	s of Status	
Special Instructions to Filing Officer:			
		_	
		•	

Office Use Only



900313071699

05/09/18--01020--009 \*\*25.00

BECKE WAX OF STATE

## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJ	JECT: FPS HOSPITALITY GROU	P LLC	
	(Name of Li	mited Liability Cor	mpany)
The e	enclosed member, resignation or dissoc	ciation and fee(s	s) are submitted for filing.
Please	e return all correspondence concerning	g this matter to:	
LUIS	SA LANDRIANI		
	(Contact Person)		_
MLL	CONSULTING		
	(Firm/Company)	<del>-</del>	_
1071	NE 82ND TERRACE		
	(Address)		_
MIAN	MI, FL 33138		
	(City/State and Zip Code)		<del></del>
For fu	urther information concerning this mat	ter, please call:	
LUIS	SA LANDRIANI	954	2427045
	(Name of Contact Person)		& Daytime Telephone Number)
	osed please find a check made payable 5 Filing Fee		Department of State for: g Fee & Certified Copy
_	EET/COURIER ADDRESS:		MAILING ADDRESS:
_	stration Section ion of Corporations		Registration Section Division of Corporations
	on Building		P.O. Box 6327
	Executive Center Circle hassee, Florida 32301		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)

1. The name of the lin	nited liability company as it	appears on the records of the Flo	rida Dep	artmen	ıt
of State is: FPS H	OSPITALITY GROUP, LL	.c		<del></del> ·	•
2. The Florida docum L16000143223	ent/registration number assi	gned to this limited liability comp	pany is:	· <b>r</b> ~	
4. I,	AMILLO	ned or will withdraw/resign is:, hereby withdraw/resign as a	15/2011 AHASSEE,	8- 7AM 816	ר ור ור
MGR (Pr	rint Title)		FLORIDA	AM 9: 49	Ċ
resignation in writin		limited liability company has been	n notifie	d of my	7
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				