## L16000178009

	Requestor's Name)	
	(Address)	
(	(Address)	
	(City/State/Zip/Phone #)	
PICK-UP	WAIT	MAIL
	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of	Status
Special Instructions	to Filing Officer:	

Office Use Only



400292918754

12/08/16--01011--002 \*\*25.00

2016 DEC - 8 PM 5: 43
SECRETARY OF STATE

K. SALY DEC - 9 2016

## **COVER LETTER**

TO: Registration Section **Division of Corporations** Insight Consulting Group of the Suncoast, 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: Vincent Gannuscio (Contact Person) Vincent Gannuscio, P.A. (Firm/Company) 677 N. Washington Blvd. (Address) Sarasota, FL 34236 (City/State and Zip Code) For further information concerning this matter, please call: at (\_\_\_\_\_) 952-5803 (Area Code & Daytime Telephone Number) Vincent Gannuscio (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: □ \$55 Filing Fee & Certified Copy ■ \$25 Filing Fee STREET/COURIER ADDRESS: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32314

CR2E079 (2/14)

Tallahassee, Florida 32301





## 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)

	limited liability company as it appears on the records of the Florida Department ht Consulting Group of the Suncoast, LLC
2. The Florida doc L1600017800	nment/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
4. I, Tom Blakely	, hereby withdraw/resign as a ame of Person Resigning)
Member	
	Print Title)
of this limited lia resignation in wr	oility company and affirm the limited liability company has been notified of my ting.
Tem 6	lukely
Signature of D	ssociating Member or Resigning Manager
	\$25.00 (Required)
Ccrtified Copy:	\$30.00 (Optional)