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## COVER LETTER

Registration Section TO: Division of Corporations Member/Manager Dissociation from Conde Business Solutions 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: David Ellerstein (Contact Person) Conde Business Solutions LLC (Firm/Company) 958 Tropic Blvd (Address) Delray Beach, FL 33483 (City/State and Zip Code) For further information concerning this matter, please call: David Ellerstein 561 at (\_\_\_\_\_ (Area Code & Daytime Telephone Number) (Name of Contact Person) 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



## 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 Business Solutions LLC	it appears on the records of the I	Torida Department
2. The Florida docu	ment/registration number as	signed to this limited liability co	mpany is:
David Ditagrapia		igned or will withdraw/resign is:	
AR	·	, hereby withdraw/resign as	
	· · · · · · · · · · · · · · · · · · ·	e limited liability company has b	
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Ū	ssociating Member or Resign	ning Manager	
_	\$25.00 (Required) \$30.00 (Optional)		
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