## 117000066018

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





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SECRETARY OF STATE

O SIMMONS MAR 2 1 2018

## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJ	JECT: FISCHER REAL ESTATE (Name of Lin	GROUP I, LLO	
The e	nclosed member, resignation or dissoc	-	
Please	e return all correspondence concerning	g this matter to:	
HARI	DWIG FISCHER		
·	(Contact Person)		
FISC	HER REAL ESTATE GROUPI,LLC	3	
	(Firm/Company)		_
1721	COSTA DEL SOL		
	(Address)		_
вос	A RATON, FL 33432		
	(City/State and Zip Code)		<del></del>
For fu	urther information concerning this mat	ter, please call:	
HAR	DWIG FISCHER	561	591-2770
	(Name of Contact Person)	(Area Cod	e & Daytime Telephone Number)
	sed please find a check made payable 5 Filing Fec		Department of State for: g Fcc & Certified Copy
	EET/COURIER ADDRESS:		MAILING ADDRESS:
_	stration Section		Registration Section
	ion of Corporations		Division of Corporations
	on Building Executive Center Circle		P.O. Box 6327 Tallahassee, Florida 32314
	hassee, Florida 32301		rananassee, munua 32314

CR2E079 (2/14)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

## DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPĂNY ∞

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as	it appears on the records of the Florida Department
of State is: FISCHER REAL ESTATE GRO	
2. The Florida document/registration number as L17000066618	signed to this limited liability company is:
	·
3. The date this member/manager withdrew/resi	igned or will withdraw/resign is:
ANIA C. DE LOC BIOC	
4. I, (Print Name of Person Resigning)	
MANAGER (MGR)	
(Print Title)	
of this limited liability company and affirm the resignation in writing.	e limited liability company has been notified of my
Signature of Dissociating Member or Resign	ning Manager
signature of transportating member of resign	9
Filing Fee: \$25.00 (Required)	

Certified Copy:

\$30.00 (Optional)