

L17 000107654

(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



900299461849

05/26/17--01006--031 \*\*25.00

FILED  
17 JUL -7 PM 3:20  
JUL 14 2017  
FALL ARIZONA

D. SCOTT

JUL 14 2017



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

May 31, 2017

ANTONIO CONDELLO  
3530 1ST AVE N STE 211  
ST PETERSBURG, FL 33713

SUBJECT: FUTURO INVESTMENTS LLC  
Ref. Number: L16000179053

We have received your document for FUTURO INVESTMENTS LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Name listed on #1 of application doesn't match document number listed on application.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Pijaux  
Regulatory Specialist

Letter Number: 317A00010867

RECEIVED

2017 JUL -7 AM 06

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED  
17 JUL -7 PM 3:20  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Tnccase llc  
\_\_\_\_\_  
(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:

Antonio Condello

\_\_\_\_\_  
(Contact Person)

\_\_\_\_\_  
(Firm/Company)

3530 1st Ave N Ste 211

\_\_\_\_\_  
(Address)

St Petersburg FL 33713

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

Antonio Condello at ( 727 ) 686-1792  
\_\_\_\_\_  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

FILED  
JUL - 7 PM 3:20  
17



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 limited liability company as it appears on the records of the Florida Department of State is: Tncase llc

2. The Florida document/registration number assigned to this limited liability company is:

~~L16000170053~~ L17000107654

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 05/18/2017

4. I, Nicolina Condello, hereby withdraw/resign as a  
(Print Name of Person Resigning)

Manager

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Nicolina Condello

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

FILED  
17 JUL -7 PM 3:20  
STATE OF FLORIDA  
DIVISION OF CORPORATIONS