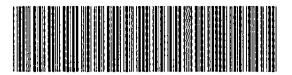
## 11700140293

(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



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dis Member

SECRETAL AND 25 PM 1: 1-2

N. CAUSSEAUX JUN 2 5 2018

## **COVER LETTER**

Division of Corporations				
SUBJECT: Fused, LLC				
(Name of Limited Liability Company)				
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.				
Please return all correspondence concerning t	his matter to:			
Peter J Pisarri				
(Contact Person)		<del>-</del>		
Fused, LLC				
(Firm/Company)		_		
6210 Shirley Street Suite 105				
(Address)				
Naples, FL 34109				
(City/State and Zip Code)		_		
For further information concerning this matter, please call:				
Peter J Pisarri	239 at (	269-6301		
(Name of Contact Person)	(Area Cod	e & Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida Department of State for:  \$\Begin{align*} \Begin{align*} align				
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		

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 I of State is:		appears on the records of the Florida Department
2. The Florida docur		gned to this limited liability company is:
3. The date this men	nber/manager withdrew/resig	ned or will withdraw/resign is:
Roger D Shep	oard	hereby withdraw/resign as a
(Print Na	me of Person Resigning)	<del></del>
MEMBER		
()	Print Title)	
resignation in writ	· · · · · · · · · · · · · · · · · · ·	limited liability company has been notified of my  ng Manager
	\$25.00 (Required) \$30.00 (Optional)	