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COVER LETTER

Division of Corporations		
SUBJECT: FIFO TECH LLC		
(Name of Limite	ed Liability Con	npany)
The enclosed member, resignation or dissociat	ion and fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to:	
Philip Bucaro		
(Contact Person)		_
FIFO TECH LLC		
(Firm/Company)		_
28430 hidden lake drive Bonita Springs FL	_34134	
(Ad † css)		
Bonita Springs FL 34134		
(City/State and Zip Code)		_
For further information concerning this matter,	please call:	
Philip Bucaro	630	5242251
(Name of Contact (orson)	`	& Daytime Telephone Number)
Enclosed please find a check made payable to t \$\frac{2}{2}\$\$ \$25 Filing Fee		Pepartment of State for: Fee & Certified Copy
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section Division of Corporations		Registration Section Division of Corporations
Clifton Building		P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301		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)

	limited liability company a		ds of the Florida Department
	ument/registration number a		
3. The date this me	ember/manager withdrew/re	signed or will withdraw/	/resign is:
4. I, Philip Bucaro, hereby withdraw/resign as a, hereby withdraw/resign as a, hereby withdraw/resign as a, hereby withdraw/resign as a, hereby withdraw/resign as a		dresion as a	
4. 1,(Print 8	fame of Person Resigning)	Hereby Withdraw	Tresign as a
MGR			
	(Print Titte)		
of this limited line resignation in wr		he limited liability comp	oany has been notified of my
Mure	il		
Signature of D	issociating Member or Resi	gning Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.60 (Optional)		