# L19000 029 626

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SECRETARY OF STATE ALLIAHASSEE, FLURINA

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#### **COVER LETTER**

Division of Corporations
SUBJECT: 56 Solutions 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:
Lohn Magalitano (Contact Person)
56 Solutions LCC (Firm/Company)
1499 S Federal Herry #112
Bounton Blach F133435 (City/State and Zip Code)
For further information concerning this matter, please call:
Name of Contact Person) at (ASCI) 561-3450 (Area Code & Daytime Telephone Number)

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

#### STREET/COURIER ADDRESS:

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

**TO:** Registration Section

MAILING ADDRESS:

□ \$55 Filing Fee & Certified Copy

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

CR2E079 (2/14)

□ \$25 Filing Fee



### 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)

	ed liability company as it appears on the records of the Florida Department
2. The Florida document	t/registration number assigned to this limited liability company is:
3. The date this member.	/manager withdrew/resigned or will withdraw/resign is: 9-25000000000000000000000000000000000000
MGR (Print	Tille)
of this limited hability resignation in writing.	company and affirm the limited liability company has been notified of my
Signature of Dissocia	ating Member or Resigning Manager
Filing Fee: \$2	25.00 (Required)

Certified Copy:

\$30.00 (Optional)