h21000750843

(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
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Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	
FUSION RR LLC SUBJECT:	
(Name of Limited L	Liability Company)
The enclosed member, resignation or dissociation	n and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to:
KISHORE B BOMMENA	
(Contact Person)	
FUSION RR LLC	
(Firm/Company)	_
248 D EGLIN PKWY NE	
(Address)	
FORT WALTON BEACH FL 32547	
(City/State and Zip Code)	
For further information concerning this matter, p	lease call:
KISHORE B BOMMENA at (850 252 - 2422
	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the ■ \$25 Filing Fee	e Florida Department of State for: \$55 Filing Fee & Certified Copy
Mailing Address: Registration Section	Street Address: Registration Section
Division of Corporations	Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 8 Tallahassee, FL 32303



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 of State is:	. ,	t appears on the records of the	Florida Department
2. The Florida doct L21000250843	ment/registration number assi	igned to this limited liability co	ompany is:
DIZWANIRAKI	icni	ned or will withdraw/resign is, hereby withdraw/resign a	
of this limited lia resignation in wr		limited liability company has	been notified of my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		25.