

L22000259190

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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FILED  
2023-01-06 AM 8:32  
CLERK OF DISTRICT COURT  
STATE OF FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ICON 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:

SILVIO FUGUET  
(Contact Person)

ICON LLC  
(Firm/Company)

2924 CONNER LN  
(Address)

KISSIMMEE, FLORIDA - 34741  
(City/State and Zip Code)

For further information concerning this matter, please call:

SILVIO FUGUET at 407 9484522  
(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

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

2023 JAN -6 AM 8:32

FLORIDA DEPARTMENT OF STATE  
TALLAHASSEE, FL

**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: ICON LLC

2. The Florida document/registration number assigned to this limited liability company is:  
1.22000259190

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/28/2022

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

SOLE MBR

(Print Title)

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

  
\_\_\_\_\_  
Signature of Dissociating Member or Resigning Manager

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