## 122000259190

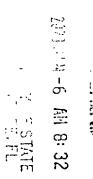
(Requestor's Name)
(Address)
(Address)
(Madicas)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(During Faith Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

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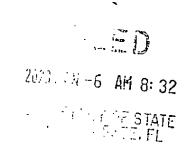
01/08/23--01005--010 \*\*55.00



## COVER LETTER

TO: Registration Section Division of Corporations	·
SUBJECT: ICON LLC (Name of Limite)	d Liability Company)
The enclosed member, resignation or dissociation	on and ree(s) are submitted for tiling.
Please return all correspondence concerning th	is matter to:
SILVIO FUGUET	
(Contact Person)	<del></del>
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	407 9484522 at ( )
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to	
☐ S25 Filing Fee	S55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 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)

	limited liability company as it appears on the records of the Florida Department LLC
2. The Florida docu 1.22000259190	ument/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
4. I,	
SOLE MBR	
	(Print Title)
of this limited lial resignation in wr	bility company and affirm the limited liability company has been notified of my liting.
Signature of Di	spociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)