

M 2 3 0 0 0 0 0 8 2 0 6

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

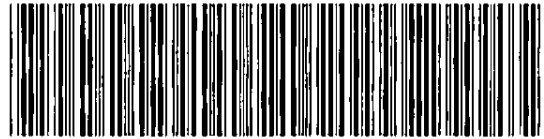
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

J DENNIS

OCT 12 2023

Office Use Only



800416576798

10/06/23--01011--022 **55.00

FILED
2023 OCT -6 AM 11:34
SECRETARY OF STATE
HARRISBURG, PA 17104

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FCI 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:

Arthur Percy
(Contact Person)

FCI SOLUTIONS LLC
(Firm/Company)

2000 Island Blvd Apt 505
(Address)

Aventura FL 33160
(City/State and Zip Code)

For further information concerning this matter, please call:

Arthur Percy at (305) 934 9794
(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

**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: ECI SOLUTIONS LLC

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

M23000008206

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10-1-23

4. I, RENAV DA ROCHA GOME BASILS, hereby withdraw/resign as a
(Print Name of Person Resigning)

MGR
(Print Title)

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

[Signature]
Signature of Dissociating Member or Resigning Manager

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

FILED
2023 OCT -6 AM 11:34
SECRETARY OF STATE
DIVISION OF CORPORATIONS