

L02000002667

Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : RICHARDS & ASSOCIATES, PA.
Account Number : I20110000091
Phone : (305)858-9900
Fax Number : (305)285-0015

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
LUCKY SEAGULL LLC

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Y. SUJIKER

COVER LETTER

(H160000182733)

TO: Registration Section
Division of Corporations

SUBJECT: LUCKY SEAGULL 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:

PATRICIA MENENDEZ

(Contact Person)

RICHARDS & ASSOCIATES, P.A.

(Firm/Company)

2665 SOUTH BAYSHORE DRIVE, SUITE 703

(Address)

MIAMI, FL 33133

(City/State and Zip Code)

For further information concerning this matter, please call:

PATRICIA MENENDEZ at 305 858-9900
(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

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

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



(H16 0000 182733)

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: LUCKY SEAGULL LLC

2. The Florida document/registration number assigned to this limited liability company is: L02000002667

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 1/20/16

4. I, TIMOTHY D. RICHARDS, hereby withdraw/resign as a
(Print Name of Person Resigning)

MANAGER

(Print Title)

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CORPORATION

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)