L12000016355

(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:					

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06/27/14--01013--025 **25.00

MMDISSResign.
7-1-14

COVER LETTER

_	stration Section sion of Corporations	ı	
SUBJECT:	OH Nuts, LLC		,
		(Name of Limited Liability Co	ompany)
The enclosed	i member, resignation	on or dissociation and feet	(s) are submitted for filing.
Please return		concerning this matter to	1 1 (1) (1) (1) (1) (1) (1) (1)
Cindy Chicl	k		.4.
	(Contact Pers	son)	
Oh Nuts	•	i	
	(Firm/Compa	nny)	- :
13959 Mari	in the second	· iş	
	(Address)		_
Orlando , F	I. 32832		
	(City/State and Z	ip Code)	_
For further in	nformation concerni	ng this matter, piease call	:
Cindy Chick	‹	407	282-6678
(Na	ame of Contact Perso		e & Daytime Telephone Number)
		de payable to the Florida	
■ \$25 Filing	; Fee	□ \$55 Filin	g Fee & Certified Copy
	1.5.	1	
	OURIER ADDRES	SS:	MAILING ADDRESS:
Registration : Division of C			Registration Section Division of Corporations
Clifton Build			P.O. Box 6327
	ive Center Circle		Tallahassee, Florida 32314
	Florida 32301		······································
CR2E079 (2/14)	Car.		



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	s it appears on the records of the F		partn	nent
2. The Florida doc		assigned to this limited liability cor	mpany is:		
		signed or will withdraw/resign is:	06/20/20)14	
4. I, JOHN CHIC (Print) Managing Me	Vame of Person Resigning)	, hereby withdraw/resign as	a		
resignation in w		he limited liability company has be	• •••		
	\$25.00 (Required) \$30.00 (Optional)			14 JUN 27 PH 3:	FILED