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(P.	equestor's Name)				
(1/2	questor s rvame)				
7.5.3	(i)				
(Ad	ldress)				
(Address)					
(Cit	ty/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Bu	ısiness Entity Nan	ne)			
(Do	cument Number)				
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Certified Copies	Certificates	s of Status			
	_				
Special Instructions to	Filing Officer:				
					

Office Use Only



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COVER LETTER

TO: Registration Section				
	Divis	ion of Corporations		
SUBJ	ECT:	14 Sticks Golf, LLC		
		(Name of I	Limited Liability Co	ompany)
The e	nclosed	l member, resignation or diss	ociation and fee	(s) are submitted for filing.
Please	e return	all correspondence concerni	ng this matter to	:
Matt L	aPorta			
~		(Contact Person)		
l_aPort	ta advisc	ry Group		
-		(Firm/Company)		
14924	N Rome	Ave		
		(Address)		_
Tampa	ı , Florid	a , 33613		
		(City/State and Zip Code)		
For fu	ırther i	nformation concerning this m	atter, please call	:
Matt I.	aPorta		813 at (399-3258
	(N	ame of Contact Person)		le & Daytime Telephone Number)
Enclo	sed ple	ase find a check made payab	le to the Florida	Department of State for:
		g Fee		
		ng Address:		Street Address:
	_	stration Section		Registration Section
		ion of Corporations Box 6327		Division of Corporations The Centre of Tallahassee
		hassee, FL 32314		2415 N. Monroe Street, Suite 810
				Tallahassee. FL 32303

CR2E079 (2/14)



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)

	e limited liability company as	s it appears on the records of	the Florida Department
2. The Florida doc 1.20000055040	ument/registration number a	assigned to this limited liabili	ty company is:
3. The date this me	ember/manager withdrew/res	signed or will withdraw/resig	gn is:
4. I, Cody Neer (Print N	same of Person Resigning)	, hereby withdraw/resig	gn as a
Manager			
- 	(Print Title)		
resignation in wr		he limited liability company	has been notified of my
•	\$25.00 (Required) \$30.00 (Optional)		23 PM 2:4