(Re	questor's Name)	
(Ad	ldress)	
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(Cid	ty/State/Zip/Phone	s #/\
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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COVER LETTER

CR2E079 (2/14)

TO: Registration Section		
Division of Corporations		
SUBJECT: Evil Plot Bunny LLC		
(Name of Lim	ited Liability Cor	npany)
The enclosed member, resignation or dissoci	ation and fee(s	s) are submitted for filing.
Please return all correspondence concerning	this matter to:	·r·
Henry Zonca		
(Contact Person)		_
Evil Plot Bunny		
(Firm/Company)		_
PO Box 722		
(Address)		_
Loughman, Florida 33858		
(City/State and Zip Code)	· · · · ·	_
For further information concerning this matter	er, please call:	
Henry Zonca	407 at (716-9377
(Name of Contact Person)	- \	& Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee		Department of State for:
STREET/COURIER ADDRESS:		MAILING ADDRESS:
Registration Section		Registration Section
Division of Corporations		Division of Corporations
Clifton Building		P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301		Tallahassee, Florida 32314



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 Florid	la Department
of State is:	Plot Bunny LLC		·
2. The Florida docu L1700000001	•	signed to this limited liability compar	ny is:
L 170000001	0	<u> </u>	
3. The date this me	mber/manager withdrew/resig	gned or will withdraw/resign is:	03/2017
			1
(Print N	ame of Person Resigning)	, hereby withdraw/resign as a	<i>;</i>
MGR			PM I
	(Print Title)		l: 24
of this limited lial resignation in wr	• • •	limited liability company has been n	otified of my
_ Wiln	Mole		
Signature of Di	ssociating Member or Resign	ing Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		