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COVÉR LETTER

TO:

CR2E079 (2/14)

Registration Section

Division of Corporations SUBJECT: The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: FREDERICK M. MIDDLETON (Contact Person) (Firm/Company) 155 NW 5th Ave. (Address) Boca Raton, FL 33432 (City/State and Zip Code) For further information concerning this matter, please call: FREDERICK M. MIDDLETON (Area Code & Daytime Telephone Number) (Name of Contact Person) 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: **MAILING ADDRESS:** Registration Section Registration Section **Division of Corporations** Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 Tallahassee, Florida 32301



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 comp	any as it appears	on the reco	rds of the F	lorida De _l	partme	nt
of State is:	EXTREME	CRAFTS	LLC			<u> </u>	<u>.</u> .
2. The Florida doc	ument/registration num	nber assigned to	this limited	liability co	mpany is:		
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COCOCOLOR	ember/manager withdr				401	2 6 4	FEE
(Print N	lame of Person Resigning)		ooy waaaa	wy vough au	, FLOSIO	PN 3 59	
	(Print Title) bility company and affitting.	firm the limited	liability com	ipany has b	ಶ್ een notifie		у
Signature of Di	issociating Member or	Resigning Man	ager				
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)						