L 0600001 2665
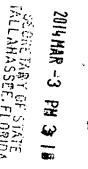
(Requestor's Name)

(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:

MAR - 5 2014

A. LUNT

Office Use Only

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: _Three Fishes 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:

James H. Zurbrick
(Contact Person)

Three Fishes LLC
(Firm/Company)

_PO 808_
(Address)

Steinhatchee FL 32359
(City/State and Zip Code)

For further information concerning this matter, please call:

James H. Zurbrick at (_352_) _356 -1713_
(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

CR2E079 (12/13)

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

FILED
2014 MAR -3 PM 3:18

RESIGNATION OR DISSOCIATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: _THREE Fishes LLC_.

2. The Florida document/registration number of this limited liability company is:

   _L06000012665_.

3. The date this member withdrew or will withdraw is: _DECEMBER 22, 2013_

4. I, _PATRICIA M. ZURBRICK_, hereby resign as a _MEMBER_
   (Print Name of Person Resigning)   *(Print Title)*

   of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

   x _Patricia M. Zurbrick_
   Signature of Resigning or Dissociating Manager, Member

X Filing Fee: $25.00 (Required)
  Certified Copy: $30.00 (Optional)

CR2E079 (12/13)