

LO7000014881

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

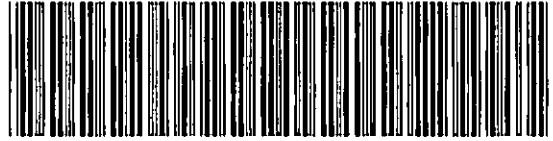
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000317002060

08/16/18--01003--006 **110.00

FILED

2018 AUG 16 AM 8:07

SECRETARY OF STATE
TALLAHASSEE, FL

WJS
8-17-18

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: FishnLight.com
Name of Limited Liability Company

DOCUMENT NUMBER: 607000014881

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Ernie Oronoz
Name of Person

FishnLight.com LLC
Name of Firm/Company

8434 Irtown Ln Suite A
Address

Port Richey FL 34668
City/State and Zip Code

info @ FishnLight.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ernie Oronoz at (727) 359-9994
Name of Person Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 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 company as it appears on the records of the Florida Department

of State is: Fish N Light . com LLC

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

LO7000014881

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 8-10-18

4. I, Amy Orono, hereby withdraw/resign as a
(Print Name of Person Resigning)

manager
(Print Title)

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

[Signature]
Signature of Dissociating Member or Resigning Manager

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

FILED
2018 AUG 16 AM 8:07
SECRETARY OF STATE
TALLAHASSEE, FL