

L 07000048018

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

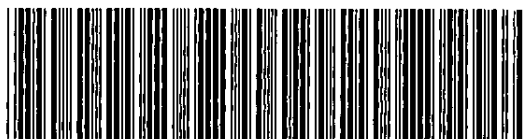
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500137354805

10/29/08--01012--008 **55.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 OCT 29 AM 11:30

J. BRYAN

OCT 30 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Aftermath Fishing Company, LLC
(Name of Limited Liability Company)

Dear Sir or Madam:

The enclosed Registered Agent/Registered Office Change and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Thomas Jay Allen
(Name of Person)

Aftermath Fishing Company, LLC
(Firm/Company)

6038 Palomaglade Dr.
(Address)

Lithia, FL 33547
(City/State and Zip Code)

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 OCT 29 AM 11:30

For further information concerning this matter, please call:

Thomas Jay Allen at (813) 267-6901
(Name of Person) (Area Code & Daytime Telephone Number)

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

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☒ \$55 Filing Fee & Certified Copy



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR 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: Aftermath Fishing Company LLC

2. This limited liability company was organized under the laws of:
The Company Corporation

3. The Florida document/registration number of this limited liability company is:
LO-7000048018

4. I, William R Andrusco, hereby resign as a owner/manager
(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.

[Signature]
Signature of Resigning Member, Managing Member or Manager

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 OCT 29 AM 11:30