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(Requestor's Name)
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(,
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COVER LETTER

	gistration Section vision of Corporations		
<i>D</i> 1.	vision of corporations		
SUBJECT	Cloud Surfer LLC		
	(Name of	Limited Liability Company)	
The enclos	sed member, resignation or dis-	ociation and fee(s) are submitte	ed for filing.
Please retu	urn all correspondence concern	ng this matter to:	
Robert Pryce	e-Jones		
	(Contact Person)		
Cloud Surfe	rLLC		
	(Firm/Company)		
604 Spruce 0	Creek Rd		
	(Address)		
St Johns, FL	, 32259		
	(City/State and Zip Code)		
For further	r information concerning this n	atter, please call:	
Robert Pryce	e-Jones	904 521-8400 at ()	
	(Name of Contact Person)	(Area Code & Daytime To	elephone Number)
Enclosed p	please find a check made payat	le to the Florida Department of	State for:
■ \$25 Fili	ing Fee	□ \$55 Filing Fee & Certi	fied Copy
	iling Address:	Street Address	
	Registration Section		Section
			Corporations of Tallahassee
Tallahassee, FL 32314			nroe Street, Suite 81
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March 14, 2020

ROBERT PRYCE-JONES 604 SPRUCE CREEK RD ST. JOHNS, FL 32259

SUBJECT: CLOUD SURFER, LLC Ref. Number: L07000070870

We have received your document for CLOUD SURFER, LLC and your check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 220A00005680

Irene Albritton Regulatory Specialist II





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)

	e limited liability company as it appears on the records of the Florida Department DUD SURFER LLC:
2. The Florida doc	cument/registration number assigned to this limited liability company is:
Sabina Pryce-J	ember/manager withdrew/resigned or will withdraw/resign is: ones
Manager/Mem	
· 	(Print Title)
of this limited lia resignation in w	Salma Pryce-Times
Signature of D	issociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)