L08000113223

(Requestor's Name)				
(Address)				
(Addiess)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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DIVISION OF CORPORATIONS

10 OCT 29 AM 10: 55

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as ck Creek Bait and Tac		he Florida Department
2. This limited liab Florida	ility company was organized	under the laws of:	
	nment/registration number of	this limited liability compar	ıy is:
_{4. I.} Mark Lampke		, hereby resign as a MGRM	
(Print Name of Person Resigning)			(Print Title)
of this limited lial resignation in wr	pility company and affirm the	e limited liability company h	as been notified of my
Signature of Resi	gning Member, Managing M	ember or Manager	
		, and the second	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		