## LOACCOSSS93

| (Re                     | equestor's Name)   |                  |
|-------------------------|--------------------|------------------|
| (Ao                     | ldress)            |                  |
|                         |                    |                  |
| (Ad                     | ldress)            |                  |
| (Cit                    | ty/State/Zip/Phone | <del>= #</del> ) |
| •                       |                    | ,                |
| PICK-UP                 | ☐ WAIT             | MAIL             |
|                         |                    |                  |
| (Bu                     | ısiness Entity Nan | ne)              |
|                         |                    |                  |
| (Do                     | ocument Number)    |                  |
|                         |                    |                  |
| Certified Copies        | _ Certificates     | of Status        |
|                         |                    | _                |
| Special Instructions to | Filing Officer:    |                  |
|                         |                    |                  |
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Office Use Only



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## **COVER LETTER**

| mpany)                                      |  |
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| s) are submitted for filing.                |  |
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| - 28:<br>JA                                 |  |
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| APR - 9<br>CKETTAY<br>AHASSE                |  |
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| Digit of                                    |  |
| 241-6882                                    |  |
| & Daytime Telephone Number)                 |  |
| Department of State for:                    |  |
| g Fee & Certified Copy                      |  |
| MAILING ADDRESS:                            |  |
| Registration Section                        |  |
| Division of Corporations                    |  |
| P.O. Box 6327<br>Tallahassee, Florida 32314 |  |
|   |  |

CR2E079 (2/14)

Tallahassee, Florida 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 | s it appears on the records of the l |                    |
|---------------------|------------------------------|--------------------------------------|--------------------|
| of State is:        | IKLA GROUP, LLC              |                                      | 2018               |
|                     | ument/registration number a  | ssigned to this limited liability co | ompany is:         |
| 3. The date this me | mber/manager withdrew/res    | signed or will withdraw/resign is:   | 04/01/2078         |
| 4. I, SHEDEN OV     | ERSEAS INC.                  | , hereby withdraw/resign as          | s a                |
| (Print N            | lame of Person Resigning)    |                                      |                    |
| Manager Mer         |                              |                                      |                    |
|                     | (Print Title)                |                                      |                    |
| resignation in wr   | ning.                        | ne limited liability company has b   | een notified of my |
| Signature of Di     | ssociating Member or Resig   | gning Manager                        |                    |
| Filing Fee:         | \$25.00 (Required)           |                                      |                    |
| Certified Copy:     | \$30.00 (Optional)           |                                      |                    |