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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Nutcracker Invostments LLC (Name of Limited Liability Company)		
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.		
Please return all correspondence concerning this matter to:		
Mothew Morrell (Contact Person)		
Nuteracker Investments, LLC (Firm/Company)		
Ille River Ln (Address)		
Ormand Brach, FL 32176 (City/State and Zip Code)		ź
For further information concerning this matter, please call:	20 J	14.14.2 14.14.3
Matthew Mercell at (386) 405-7900 (Area Code & Daytime Telephone Number)	20 JAN 31 AM 9: 21	30 X 20 X
Enclosed please find a check made payable to the Florida Department of State for: ☐ \$25 Filing Fee \$\$ \$55 Filing Fee & Certified Copy	9:21	STATE
Molling Address: Street Address:		

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327

Tallahassee, FL 32314

Street Address:

Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)

1 WILLE -Matthew to Mervell



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 Deposition of State is: Nutracker hyperts, LLC	artme	ent
2. The Florida document/registration number assigned to this limited liability company is:	/2	. TI G
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 12/31 4. I. Or Manue of Person Resigning), hereby withdraw/resign as a	12	<u> </u>
Part Ner (Print Title)	20 J.H	510 K
of this limited liability company and affirm the limited liability company has been notific resignation in writing. Signature of Dissociating Member or Resigning Manager	die	DE CORPORATIONS MARY OF STATE
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)		