L090000 99985

(Requestor's Name)
(Address)
(Address)
,
(City/State/Zip/Phone #)
(Olty/State/2)preficite #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Bootine Hamber)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



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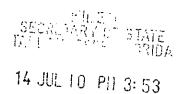
JUL 28 2014 T. CARTER

LLC Member Resign

COVER LETTER

_	stration Section ion of Corporations				
Divis	ion of corporations				
SUBJECT:	Experience Seafood LLC				_
	(Name of L	imited Lia	bility Cor	npany)
The enclosed	l member, resignation or disso	ciation a	nd fee(s) are	submitted for filing.
Please return	all correspondence concernin	g this ma	atter to:		
Ivan Zarak					
- "	(Contact Person)	_		_	
Experience	Seafood LLC				
	(Firm/Company)			_	
8300 n.w. 5	3rd st. Ste. 350				
	(Address)			_	
Doral, FL,3	3166				
	(City/State and Zip Code)			_	
For further in	nformation concerning this ma	tter, plea	ise call:		
lvan Zarak		at (305	_)	742 2290
(N	ame of Contact Person)	(A	rea Code	& Da	aytime Telephone Number)
Enclosed ple ☐ \$25 Filing	ase find a check made payable Fee				tment of State for: & Certified Copy
	OURIER ADDRESS:				ILING ADDRESS:
Registration				_	istration Section sion of Corporations
•					Box 6327
2661 Executi	ive Center Circle			Tall	ahassee, Florida 32314

CR2E079 (2/14)





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 Department
of State is: Ex	perience Seafood, LLC.
2. The Florida docu	ument/registration number assigned to this limited liability company is:
L090000999	85
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: 01/01/2014
4. I. Jonathan Pe	ter Sucksmith , hereby withdraw/resign as a
(Print N	(ame of Person Resigning)
Member	·
	(Print Title)
resignation in wr	bility company and affirm the limited liability company has been notified of my iting. Sociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)