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## **COVER LETTER**

TO: Registration Section Division of Corporations PIRATA GROUP LLC **SUBJECT:** (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: Daniel L. Stevems (Contact Person) PIRATA GROUP LLC (Firm/Company) 100 E. Granada Blvd. Suite 204 (Address) Ormond Beach, FL 32176 (City/State and Zip Code) For further information concerning this matter, please call: Daniel L. Stevems (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: **\$25** Filing Fee □ \$55 Filing Fee & Certified Copy Mailing Address: Street Address: Registration Section **Registration Section Division of Corporations Division of Corporations** P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303



## 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 a	s it appears on the records o	of the Florida Department
of State is: PIRA	TA GROUP LLC		<del></del>
2. The Florida doc	ument/registration number a	ssigned to this limited liabi	lity company is:
1.10000017443		<del></del> .	
3. The date this me	ember/manager withdrew/re	signed or will withdraw/resi	ign is:
4. I. Brittany Stevems (Print A	s-Diehl  dame of Person Resigning)	, hereby withdraw/res	sign as a
Manager			
· · ·	(Print Title)		
of this limited lia resignation in wr	bility company and affirm thiting.	he limited liability company	•
Butta	icy Stines issociating Member or Resignation		T   COZO JAN
Signature of D	issociating Member or Resig	gning Manager	SEE SEE ST
_	\$25.00 (Required)		PH 6: PELORI
Certified Copy:	\$30.00 (Optional)		30A F