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(Re	equestor's Name)	
(Ac	idress)	·
,	,	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	MAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	-
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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: High Tide Gallery (Name of Limite	LLC d Liability Company)
The enclosed member, resignation or dissociate	tion and fee(s) are submitted for filing.
Please return all correspondence concerning th	nis matter to:
Shery 1 Nelson (Contact Person)	
High Tide Gallery (Firm/Company)	
850 Anastasia Blud (Address)	
St. Augustine FL 32086 (City/State and Zip Code)	
For further information concerning this matter	-, please call:
Shery 1 Ucl Son (Name of Contact Person)	at (<u>404</u>) <u>\$3</u> \$/1111 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

Tallahassee, FL 32314



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 l	imited liability company as it appears o	n the records of the Florida Department
of State is: H	igh Tide Gallery LLC	
2. The Florida docu	ment/registration number assigned to th	is limited liability company is:
L1.0000Z	558 7-33	
3. The date this men	nber/manager withdrew/resigned or wil	l withdraw/resign is: 17/31/2024
4. I. Chery Print Na	A. Fox , hereb	y withdraw/resign as a
Membe		2924.053 77.11.744.
of this limited liab resignation in writ		bility company has been notified of my
110/9-	<i>H</i> :	
Signature of Dis	sociating Member or Resigning Manag	
Filing Fee: Certified Copv:	\$25.00 (Required) \$30.00 (Optional)	