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(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

Division of Corporations
SUBJECT: SPLASH N DASH, 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:
CARTER RUCHER, MERM (Contact Person)
SPLASH'N' DASH, UC (Firm/Company)
1782 ALAQUA LAKES BLVD (Address)
Cong wood FL 32779 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (513) 293-7146 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\Begin{align*} \text{\$\text{\$\text{\$}}\$} \text{\$\text{\$\text{\$\text{\$}}\$} \text{\$\text{\$\text{\$}}\$} \text{\$\text{\$\text{\$}}\$} \text{\$\text{\$\text{\$}}\$} \text{\$\text{\$\text{\$}}\$} \text{\$\text{\$\text{\$}}\$} \text{\$\text{\$\text{\$}}\$} \text{\$\text{\$\text{\$}}\$} \text{\$\text{\$\text{\$}}\$} \text{\$\text{\$\text{\$}}\$} \text{\$\text{\$\text{\$\text{\$}}\$} \text{\$\text{\$\text{\$\text{\$}}\$} \text{\$\text{\$\text{\$\text{\$\text{\$}}\$}} \text{\$\text{\$\text{\$\text{\$}}\$} \text{\$\text{\$\text{\$\text{\$}}\$} \text{\$\text{\$\text{\$\text{\$}}\$} \text{\$\text{\$\text{\$\text{\$}}\$} \text{\$\text{\$\text{\$\text{\$\text{\$}}\$}} \text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$}}\$}}} \$\text{\$\tex
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32314

P.O. Box 6327

TO: Registration Section



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)

	limited liability company as it appears on the records of the Florida Department
	ment/registration number assigned to this limited liability company is:
4.1, Brittan	mber/manager withdrew/resigned or will withdraw/resign is:
1	pility company and affirm the limited liability company has been notified of my
Signature of Di	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)