L1100004/657

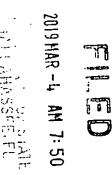
(Re	equestor's Name)			
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	_ Certificates	s of Status		
Special Instructions to Filing Officer:				

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C. GOLDEN MAR 1 5 2019

COVER LETTER

TO: Registration Section Division of Corporations				
First Coast Fusion Cheer and SUBJECT:				
(Name of Limi	ited Liability Co	ompany)		
The enclosed member, resignation or dissocia	ation and fee	(s) are submitted for filing.		
Please return all correspondence concerning to	this matter to	:		
Naomi T. Funk				
(Contact Person)				
First Coast Fusion Cheer and Dance, LL	С			
(Firm/Company)				
1035 Blanding Blvd., Ste. 103				
(Address)				
Orange Park, FL 32065				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
Naomi T. Funk	904 _ at (514-1084		
(Name of Contact Person)	(Area Coc	le & Daytime Telephone Number)		
Enclosed please find a check made payable to \$25 Filing Fee		Department of State for: ng Fee & Certified Copy		
STREET/COURIER ADDRESS:		MAILING ADDRESS:		
Registration Section Division of Corporations		Registration Section Division of Corporations		
Clifton Building		P.O. Box 6327		
2661 Executive Center Circle		Tallahassee, Florida 32314		

CR2E079 (2/14)

Tallahassee, Florida 32301



FILED

2019 MAR -4 AM 7: 50

TALL ARASSEE, FL

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)

	e limited liability company as it ap	pears on the records of the Florida Department ND DANCE, LLC
2. The Florida doc L1100004165	_	ed to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned	or will withdraw/resign is:
4. I. James B. Fu	Name of Person Resigning)	, hereby withdraw/resign as a
Manager		
	(Print Title)	
of this limited lia resignation in wr		ited liability company has been notified of my
W. 500	M	
Signatume of D	issociating Member or Resigning	Manager
	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	

Notary Public - State of Florida
Commission # FF 900420
My Comm. Expires Jul 16, 2019
Bonded through National Notary Assn

SHANNON LEDFORD

CR2E079 (2/14)