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(Requestor's Name)							
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(Business Entity N	lame)						
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DATE: 12/30/16

NAME: FAST WATER FUN LLC

TYPE OF FILING: RESIGNATION OF MEMBER

COST: 55.00

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

_	stration Section sion of Corporations					
SUBJECT:	FAST WATER FUN, LLC					
(Name of Limited Liability Company)						
The enclosed	d member, resignation or dissociation	n and fee(s) are submitted for filing.			
Please return	all correspondence concerning this	matter to:				
MAXIM KR	ILOV		_			
	(Contact Person)		-			
	(Firm/Company)		-			
320 NW 13	STH ST					
	(Address)		-			
NORTH M	IAMI FL 33168					
	(City/State and Zip Code)		-			
For further information concerning this matter, please call:						
MAXIM KR	RILOV at		924-3038			
(1)	lame of Contact Person)	(Area Code	& Daytime Telephone Number)			
Enclosed ple □ \$25 Filing	ease find a check made payable to th		Pepartment of State for: Fee & Certified Copy			
Registration Division of Clifton Buil 2661 Execut	Corporations		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, 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)

	AST WATER FUN		appears on the recoi	rds of the Florida Department
2. The Florida do	_	n number assi	gned to this limited i	liability company is:
3. The date this i	member/manager w	vithdrew/resign	ned or will withdraw	/resign is:
4. I, KREELOV	, LLC		, hereby withdrav	v/resign as a
	t Name of Person Resi	gning)		-
MEMBER		•		
	(Print Title)			
of this limited resignation in		nd affirm the l	imited liability com	pany has been notified of my
KREEL	ov, LLC by	MAXIM KI	RILOV, member	2
Signature of	Dissociating Memi	ber or Resigni	ng Manager	
				16 <i>i</i>
Filing Fee:	\$25.00 (Requ	uired)		ja

Certified Copy:

\$30.00 (Optional)