

L12000149561

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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J. SAULSBERRY  
EXAMINER  
APR 30 2013

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** 212 TIDAL, LLC

(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Shasa Michael

(Contact Person)

TIDAL 212, LLC

(Firm/Company)

590 NW 114 AVE, # 201

(Address)

MIAMI, FL FL 33172

(City/State and Zip Code)

For further information concerning this matter, please call:

Sasha Michael

(Name of Contact Person)

at ( )

(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &

Certified Copy

### STREET/COURIER ADDRESS:

Registration Section

Division of Corporations

Chilton Building

2661 Executive Center Circle

Tallahassee, Florida 32314

### MAILING ADDRESS:

Registration Section

Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER  
FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY**


1. The name of the limited liability company as it appears on the records of the Florida Department of State is: TIDAL 212, LLC

2. This limited liability company was organized under the laws of:  
FLORIDA

3. The Florida document/registration number of this limited liability company is:  
L12000149561

4. I, AGNA DURHAM, hereby resign as a MEMBER  
*(Print Name of Person Resigning)* *(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

  
Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

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2013 APR 26 AM 8:42  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS  
FLORIDA DEPARTMENT OF STATE