113000054963

| | (Requestor's Name) |
|----------------------|--------------------------|
| | (Address) |
| | (Address) |
| | (City/State/Zip/Phone #) |
| PICK-U | P WAIT MAIL |
| | (Business Entity Name) |
| | (Document Number) |
| Certified Copies | Certificates of Status |
| Special Instructions | s to Filing Officer: |
| | : |
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| | |

Office Use Only



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SECTEDARY OF STAIL TALLAHASSEE, FLORIDA

JUN 1 0 2016

Y SULKER

COVER LETTER

Division of Corporations Shooting Feull 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: Shooting Fever, (CC) 129055W 132ND ST STE 1 (Address) Mi Ain, FL 33165 (City/State and Zin Code) For further information concerning this matter, please call: (Name of Contact Person) at (786) 842-3771 (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: \$55 Filing Fee & Certified Copy □ \$25 Filing Fee

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

CR2E079 (2/14)

TO:

Registration Section

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 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 | limited liability company as it appears on the records of the Florida Department |
|---|--|
| of State is: | tooting Fever, ICC. |
| 2. The Florida docu | ment/registration number assigned to this limited liability company is: |
| L13000 | 054963 |
| 3. The date this mer | nber/manager withdrew/resigned or will withdraw/resign is: $\frac{06/01/201}{6}$ |
| 4.1, Robert | |
| Mana | o Chriello, hereby withdraw/resign as a me of Person Resigning) Set Print Title) |
| of this limited liab resignation in write | ility company and affirm the limited liability company has been notified of my- |
| Signature of Dis | sociating Member or Resigning Manager |
| Filing Fee: | \$25.00 (Required) |

Certified Copy:

\$30.00 (Optional)