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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
		MAIL
(Bu	siness Entity Nam	e)
(Dc	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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	Office Use Only	/



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COVER LETTER

Registration Section TO: **Division of Corporations**

SHOWBALL ATHLETICS LK (Name of Limited Liability Company) SUBJECT:

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

Please return all correspondence concerning this matter to:

DEREK OTTEVAERE

(Firm/Company)

OCEAN MIST DR 2817

(Address)

FERNANDINA BEACH, FL 32034

(City/State and Zip Code)

For further information concerning this matter, please call:

(Name of Contact Person)

(Area Code & Davtime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for: 193\$55 Filing Fee & Certified Copy St\$25 Filing Fee

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

MIS MAR -5 AHID. 41

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 FRO 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: SHOWBALL ATHLETICS LLC

2. The Florida document/registration number assigned to this limited liability company is:

L13000110344

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 3/1/2019

DEREK_OTTEVAERE_____. hereby withdraw/resign as a 4. i.

(Print Name of Person Resigning)

MANAGING MEMBER (Print Title)

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

Signature of Dissociating Member or Resigning Manager

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

CR2E079 (2/14)