L13000127634

(Requestor's Name)						
(Address)						
(Address)						
(183.555)						
(City/State/Zip/Phone #)						
PICK-UP WAIT MAIL						
(Business Entity Name)						
(Document Number)						
Code Code Code Code Code Code Code Code						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						





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COVER LETTER

	stration Section sion of Corporations					
SUBJECT:	Suncoast Kingfish Classic, LLC					
	(Name of L	(Name of Limited Liability Company)				
The enclosed	d member, resignation or disso	ociation and fee(s) are submitted for filing.			
Please return	all correspondence concerning	ng this matter to:				
Ryan Farner						
	(Contact Person)		-			
Suncoast King	fish Classic, LLC					
	(Firm/Company)		•			
P.O. Box 5318	01					
	(Address)	·-	•			
St. Petersburg,	FL 33710					
	(City/State and Zip Code)		-			
For further in	nformation concerning this ma	itter, please call:				
Ryan Farner		813	695-1284			
(N	ame of Contact Person)		& Daytime Telephone Number)			
Enclosed ple	ase find a check made payable	e to the Florida D	epartment of State for:			
■ \$25 Filing			Fee & Certified Copy			
	ng Address:		Street Address:			
_	stration Section		Registration Section			
	ion of Corporations Box 6327		Division of Corporations			
	hassee, FL 32314		The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			

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)

1. The name of the	limited liability company as it	appears on the records of the	Florida Department
of State is: Suncc	ast Kingfish Classic, LLC		···
2. The Florida docu L13000127634	ument/registration number assig	gned to this limited liability co	ompany is:
3. The date this me	mber/manager withdrew/resign	ned or will withdraw/resign is:	12/31/2020
4. I, Jack H. Byington	an, Jr Same of Person Resigning)	, hereby withdraw/resign as	s a
MGR	ame of rerson kesigning)		
	(Print Title)		
of this limited lia resignation in wr	bility company and affirm the liting.	imited liability company has b	ocen notified of my
Signature of D	ssociating Member or Resignir	ng Manager	
	\$25.00 (Required) \$30.00 (Optional)		7072 JA

CR2E079 (2/14)