

Division of Corporations

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L1400003453
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : FOX ROTHSCHILD LLP
Account Number : 120130003824
Phone : (215)299-2152
Fax Number : (215)299-2150

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: vlagana@foxrothschild.com

LLC AMND/RESTATE/CORRECT/OR M/MG RESIGN
HIDDEN UNICORN, LLC

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DIVISION OF CORPORATIONS

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: HIDDEN UNICORN, 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:

VANESSA LAGANA
(Contact Person)

FOX ROTHSCHILD LLP
(Firm/Company)

2 S. BISCAYNE BLVD., SUITE 2750
(Address)

MIAMI, FLORIDA 33131
(City/State and Zip Code)

For further information concerning this matter, please call:

VANESSA LAGANA at 305 442-6544
(Name of Contact Person) (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
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida 32301

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

**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: Hidden Unicorn, LLC

2. The Florida document/registration number assigned to this limited liability company is:
L14000033453

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/6/17

4. I, Julie Kasle, hereby withdraw/resign as a
(Print Name of Person Resigning)
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: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)

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