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SECRETARY OF STATE

n BRUCE AUG 10 2018

## **COVER LETTER**

TO: Registration Section Division of Corporations					
SUBJECT: MONSTER HOLDINGS LLC					
	ited Liability Co	ompany)			
The enclosed member, resignation or dissocia	ation and fee	(s) are submitted for filing.			
Please return all correspondence concerning to	this matter to	:			
SCOTT MARTIN					
(Contact Person)					
MONSTER HOLDINGS LLC					
(Firm/Company)		<del></del>			
1646 TUSCON CT					
(Address)		<del></del>			
GULF BREEZE / FLORIDA 32563					
(City/State and Zip Code)					
For further information concerning this matter	er, please call	:			
SCOTT MARTIN	850 at (	686-2247	Za.	2010 AUG	***
(Name of Contact Person)		le & Daytime Telephone Numbe	r) 注出 注:		
Enclosed please find a check made payable to □ \$25 Filing Fee		Department of State for: ng Fee & Certified Copy	ARY OF STA	-3 PH 2:	
STREET/COURIER ADDRESS:		MAILING ADDRESS:	ATE RIDA	<del>1</del> 2	
Registration Section Division of Corporations		Registration Section Division of Corporations			
Clifton Building		P.O. Box 6327			
2661 Executive Center Circle		Tallahassee, Florida 32314			
Tallahassee, Florida 32301					

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)

MOM	limited liability company as	it appears on the records of the Florida	a Departm	ent 	
2. The Florida doci	<u> </u>	ssigned to this limited liability compan	y is:	2:	
4. I,	MOS	igned or will withdraw/resign is: 07/0	1/2018):::[IARY OF PARTY OF PA	2018 AUG - 3 PB	
	, ,	e limited liability company has been no	STAIL ORIDA otified of a	2: 42 y	•
Signature of Di	seciating Member or Resig	ning Manager			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				