L1400069999

r's Name)				
(Address)				
/Zip/Phone #)				
WAIT MAIL				
Entity Name)				
(Document Number)				
Certificates of Status				
Special Instructions to Filing Officer:				

Office Use Only



400261534334

06/24/14--01024--001 **25.00

SECRETARY OF STATE
TALLAHASSEF, FIORID,

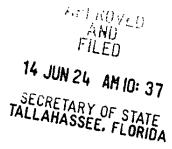


COVER LETTER

TO: Registration Section		
Division of Corporations		
SUBJECT: Bubble Ball Enterprises, LLC (Name of Line	C nited Liability Co	ompany)
The enclosed member, resignation or dissoci	iation and fee	(s) are submitted for filing.
Please return all correspondence concerning	this matter to	:
Kim Ward		
(Contact Person)		
Bubble Ball Enterprises, LLC		
(Firm/Company)		
633 4th Avenue North		
(Address)		-
Safety Harbor, Fl 34695		
(City/State and Zip Code)	· · · · · · · · · · · · · · · · · · ·	
For further information concerning this matt	er, please cal	l:
Kim Ward	813	784-5822
(Name of Contact Person)		de & Daytime Telephone Number)
Enclosed please find a check made payable t \$\bigsep\$ \$25 Filing Fee		Department of State for: ng Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301		Tallahassee, Florida 32314

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)

	limited liability company as it a ole Ball Enterprises, LLC	ppears on the records of the Florida Department
2. The Florida docu L1400006999	-	ned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigne	ed or will withdraw/resign is: April,30,2014
(Print N	lame of Person Resigning)	, nercoy withdraw/resign as a
AMBR		
<u> </u>	(Print Title)	
of this limited lia resignation in wr	· · ·	mited liability company has been notified of my
N	Dand War	1 Shigh Greinisla
Signature of Di	issociating Member or Resigning	g Manager Modary
Filing Fee:	\$25.00 (Required)	1/2 tour (2 kg)
Certified Copy:	\$30.00 (Optional)	penione
		10/17/2014
		4/1/2018
		LXP5/5/2018