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(Re	equestor's Name)			
(Ad	ldress)			
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COVER LETTER

Divis	ion of Corporations		
SUBJECT:	11th Street Surfboards LLC		
	(Name of Limited Liab	ility Company)	
The enclosed	member, resignation or dissociation ar	nd fee(s) are submitted for filing.	
Please return	all correspondence concerning this mat	tter to:	
Phil Dompe	•		
	(Contact Person)		
11th Street	Surfboards LLC		
	(Firm/Company)		
301 Redwir	ng LN		
***************************************	(Address)		
St. Augustin	ne FL, 32080		
	(City/State and Zip Code)		学生 子
For further in	nformation concerning this matter, please	se call;	
Phil Dompe	90 at (823-6567	ا دی ایس
(N	ame of Contact Person) (Are	ea Code & Daytime Telephone Numb	ber) Sale C
Enclosed ple ■ \$25 Filing	ase find a check made payable to the Fl g Fee	orida Department of State for: 5 Filing Fee & Certified Copy	335 4 600

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

CR2E079 (2/14)

TO:

Registration Section



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	s it appears on the records of the Floria	da Department
of State is: 11th	Street Surfboards LLC		·
2. The Florida doci L1400009391	-	ssigned to this limited liability compa	ny is:
		signed or will withdraw/resign is:	8/2014
4. I, Lynn Dompe		hereby withdraw/resign as a	·
(Print N	ame of Person Resigning)	, hereby withdraw/resign as a	14 JUN 23
Member			
 	(Print Title)		Tegers.
of this limited lia resignation in wr		ne limited liability company has been	notified of my
Ind			
Signature of D	issociating Member or Resig	ning Manager	
_	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		