L14000148304

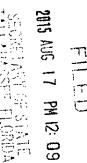
questor's Name)		
dress)		
dress)		
(City/State/Zip/Phone #)		
☐ WAIT	MAIL	
(Business Entity Name)		
(Document Number)		
_ Certificates	s of Status	
Special Instructions to Filing Officer:		
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Office Use Only



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COVER LETTER

TO: Registration Section

CR2E079 (2/14)

Division of Corporations				
SUBJECT: BACKWATER FINS, LLC				
(Name of Limited Li	ability Company)			
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.				
Please return all correspondence concerning this m	natter to:			
PAMELA J. FINLEY				
(Contact Person)				
BACKWATER FINS, LLC				
(Firm/Company)	 			
2505 SOUTH DIECIDUE DRIVE				
(Address)				
CRYSTAL RIVER, FLORIDA 34429				
(City/State and Zip Code)				
For further information concerning this matter, please call:				
at (302-0823			
(Name of Contact Person) (A	rea Code & Daytime Telephone Number)			
Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee				
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			



FILED 2015 AUG 17 PM 12: 09 SECRETARY OF STATE TALLAHASSEE, FLORIDA

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)

	imited liability company as it appea	rs on the records of the Florida Department
2. The Florida docum L14000148304	nent/registration number assigned t	o this limited liability company is:
3. The date this mem	nber/manager withdrew/resigned or	will withdraw/resign is:
EVELYND W		
AUTHORIZED	MEMBER	
(P	rint Title)	
of this limited liabi resignation in writi		liability company has been notified of my
Evely	- Da-vill	
	sociating Member or Resigning Ma	
-	\$25.00 (Required) \$30.00 (Ontional)	