L15000050570

(Requestor's Name)	
(Address)	
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PICK-UP WAIT MAI	L
(Business Entity Name)	
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COVER LETTER

~	sion of Corporations			
SUBJECT:	Splash Brothers, LLC			
	(Name of Limited Liability Company)			
The enclosed	I member, resignation or dis	sociation and fee	(s) are submitted for filing.	
Please return	all correspondence concern	ning this matter to	:	
Dominic Seta				
	(Contact Person)		_	
	(Firm/Company)		_	
785 N.E. 36th	Street			
·	(Address)		_	
Boca Raton, Fl	orida 33431			
	(City/State and Zip Code)		-	
For further in	nformation concerning this r	natter, please call	:	
Dominic Seta		561 at (212-1262	
(N	ame of Contact Person)	(Area Cod	e & Daytime Telephone Number)	
Enclosed ple ■ \$25 Filing	rase find a check made payal g Fee		Department of State for: ng Fee & Certified Copy	
Regis Divis P.O.	ng Address: stration Section sion of Corporations Box 6327 hassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, EL 32303	



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: Splas	h Brothers, LLC
2. The Florida docs	ument/registration number assigned to this limited liability company is:
NICHOLAS TA	mber/manager withdrew/resigned or will withdraw/resign is: December 11, 2020
(Print N Member	ame of Person Resigning)
	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Signature of Di	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)