

L15000147959

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

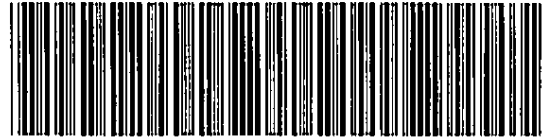
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900350735029

08/21/20 01000 025 \$25.00

FILED

2020 AUG 21 A 9 42  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

10/9/20  
VS

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Salty Dawg Outfitters, LLC  
\_\_\_\_\_  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

James David Farlow

\_\_\_\_\_  
(Contact Person)

Salty Dawg Outfitters, LLC

\_\_\_\_\_  
(Firm/Company)

35 High Bridge Road

\_\_\_\_\_  
(Address)

Flagler Beach, FL 32136

\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

James David Farlow

386 517-4430  
at ( )

\_\_\_\_\_  
(Name of Contact Person)

\_\_\_\_\_  
(Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee & Certified Copy

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



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 it appears on the records of the Florida Department of State is: Salty Dawg Outfitters, LLC
2. The Florida document/registration number assigned to this limited liability company is:  
L15000147959
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 09/01/2020
4. I, Amanda Reynolds, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
Vice President  
*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

2020 AUG 21 A 9 42  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED