15000164679

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	· #)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
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COVER LETTER

	itration Section ion of Corporations		
SUBJECT:	Frickin Fab LLC		
	(Name of Limi	ited Liability Cor	mpany)
The enclosed	l member, resignation or dissocia	ation and fee(s	a) are submitted for filing.
Please return	all correspondence concerning t	this matter to:	
Emily Frick			
	(Contact Person)	·	-
Frickin Fab	LLC		
	(Firm/Company)		_
3626 S Mar	nhattan Avenue		
	(Address)	,	
Tampa, FL	33629		
	(City/State and Zip Code)		-
For further in	nformation concerning this matte	er, please call:	
Emily Frick		813 at (494-1604
(N:	ame of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed please \$25 Filing	ase find a check made payable to Fee		Department of State for: g Fee & Certified Copy
Registration : Division of C Clifton Build 2661 Executi	Corporations		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 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)

1. The name of the limited liability company as it appears on the records of the Florida Department
of State is:
2. The Florida document/registration number assigned to this limited liability company is: L15000164679
3. The date this member/manager withdrew/resigned or will withdraw/resign is:
4. I,, hereby withdraw/resign as a
(Print Name of Person Resigning)
AP
(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)