L15000161357

	(Requestor's Name)			
	(Address)			
1	(Address)			
	(City/State/Zip/Phone #)			
PICK-UI	P WAIT MAIL			
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates of Status			
Special Instructions to Filing Officer:				
J. HORNE MAR - 6 2023				

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• FLORIDA.CAPITAL COURIER SERVICES, INC 2330 CLARE DRIVE TALLAHASSEE, FL 32309 (850) 524-5437 (850) 524-6243

EXAMINIER'S INITIALS:____

Please use funds from acet: AUTHORIZATION: Biota Aquatiums, Inc. Business Name	1.15000167357	AMOUNT:	* *
Certified Copy Certificate of Status			
NEW FILINGS			<u>AMMENDMENTS</u>
Profit Corp Not for Profit Limited Liability Domestication Other CORP LLLP		Ch	AmendmentX_ Resignation ange of Registered Agent Revocation of DIssolutionMergerConversion Amended and restated Articles Statement of Authority
OTHER FILINGS		REGIS	STERATION/QUALIFICATIONS
Annual Report		Lii	reign filing mited Partnership instatement
APOSTILLECount	try		Other

AMOUNT: **35.00** 120210000160 Please use funds from acct: AUTHORIZATION: L15000167357 Biota Aquatiums, Inc. **Business Name** Document # **Certified Copy** Certificate of Status **NEW FILINGS AMMENDMENTS** Amendment Profit Corp X_Resignation Not for Profit __ Limited Liability Change of Registered Agent ___ Revocation of DIssolution Domestication __Merger Other Conversion CORP Amended and restated Articles LLLP Statement of Authority REGISTERATION/QUALIFICATIONS **OTHER FILINGS** Foreign filing Annual Report Limited Partnership Reinstatement Fictitious Name APOSTILLE Other Country

FLORIDA CAPITAL COURIER SERVICES, INC

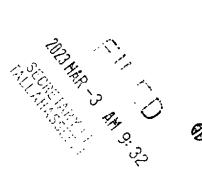
2330 CLARE DRIVE

EXAMINIER'S INITIALS:

(850) 524-5437 (850) 524-6243

TALLAHASSEE, FL 32309





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)

	limited liability company a	as it appears on the records of the Florida Department
2. The Florida doc	ument/registration number	assigned to this limited liability company is:
L15000167357		
3. The date this me	ember/manager withdrew/re	esigned or will withdraw/resign is:
Thomas Bowling	g	, hereby withdraw/resign as a
(Print N	lame of Person Resigning)	, ,
Manager		
	(Print Title)	
of this limited lia resignation in wr	• • •	the limited liability company has been notified of my
/s/ Tho	mas Bowling issociating Member or Res	
Signature of D	issociating Member or Res	igning Manager
	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	

COVER LETTER

Division of Corporations BIOTA AQUARIUMS, LLC. SUBJECT: (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: Michelle Suarez, Esq. (Contact Person) Florida Entrepreneur Law P.A. (Firm/Company) 101 NE 3rd Ave #1500 (Address) Fort Lauderdale, FL 33301 (City/State and Zip Code) For further information concerning this matter, please call: 954 Michelle Suarez, Esq. (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: □ \$55 Filing Fee & Certified Copy **■** \$25 Filing Fee Street Address: Mailing Address: Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314

Tallahassee, FL 32303

TO:

Registration Section