

L15000191149

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

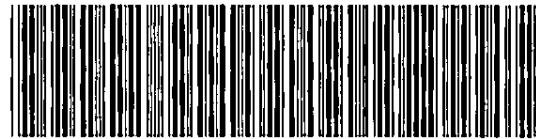
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



700374615257

10/08/21--01030--025 \*\*55.00

FILED  
2021 OCT -8 AM 9:31  
SECRETARY OF STATE  
TALLAHASSEE, FL

## COVER LETTER

TO: Registration Section  
Division of Corporations

**SUBJECT:** Splash Takeovers Florida 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:

Richard Powell!

(Contact Person)

Splash Takeovers Florida LLC

(Firm Company)

69 Lucas Rd

(Address)

Sumrall, MS 39482

(City/State and Zip Code)

For further information concerning this matter, please call:

Richard Powell

601 447-7050  
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: Splash Takeovers Florida LLC

2. The Florida document/registration number assigned to this limited liability company is: L15000191149

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 9/19/2021

4. I, Melissa M. Martonek, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*  
Manager/Member  
*(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)

SECRETARY OF STATE  
TALLAHASSEE, FL

2021 OCT -8 AM 9:31

FILED