

L160000005672

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

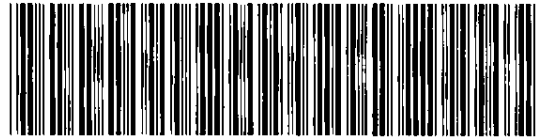
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

D. BRUCE  
APR 18 2017

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** SIMBA VENTURES, 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:

Jennifer A. Cachon

(Contact Person)

Conroy, Conroy & Durant, P.A.

(Firm/Company)

2210 Vanderbilt Beach Road, Suite 1201

(Address)

Naples, FL 34109

(City/State and Zip Code)

For further information concerning this matter, please call:

Jennifer A. Cachon

(Name of Contact Person)

at ( 239 ) 649-5200

(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

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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: SIMBA VENTURES, LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L16000005672

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 3/31/2017

4. I, ERWIN MENKHORST, hereby withdraw/resign as a  
(Print Name of Person Resigning)

Member and Manager

(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

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DEPARTMENT OF STATE  
TALLAHASSEE, FLORIDA

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