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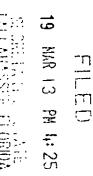
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U3/13/19--U10U5--U28 **25.00

MAR 23 2019 S. YOUNG



COVER LETTER

Division of Corporations	
SUBJECT: The Krickets LLC	nited Liability Company)
(Name of Lin	inted Liability Company)
The enclosed member, resignation or dissoci	iation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
Lauren E Spring	
(Contact Person)	
The Krickets LL(2
205 Reid Avenue	
(Address)	
Port Saint, Joe, Fl 3 (City/State and Zip Code)	2456
For further information concerning this matt	er, please call:
	at () 540-2598
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable t \$25 Filing Fee	o the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32301	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)

	· limited liability company a he Krickets LLC	s it appears on the records of the F	lorida Department
			<u> </u>
2. The Florida doc L16000006	_	assigned to this limited liability co	mpany is:
		signed or will withdraw/resign is:	7/18/18
4. I, Melissa K B	owman Jame of Person Resigning)	, hereby withdraw/resign as	a
MGR	(Print Title)		
of this limited lia resignation in wr		he limited liability company has b	FI 19 MAR 33 CIV TA TALLAHAN
Filing Fee:	issociating Member or Resignation (Required)	gning Manager	LED 13 PM 4: 25 SSEE, FLORIDA
Certified Copy:	\$30.00 (Optional)		J