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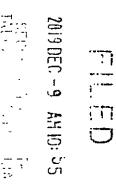
(Red	uestor's Name)			
(Add	ress)	-		
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PICK-UP	☐ WAIT	MAIL		
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## **COVER LETTER**

то:	_	ntion Section n of Corporations					
	S	, hore To Door Fish Mar	ket Limited Liabi	lity Company			
SUBJ	JECT: _	(Name of Limited Liability Company)					
The e	nclosed n	nember, resignation or dis	sociation and fee(	s) are submitted for filing.			
Please	e return al	l correspondence concern	ing this matter to:				
Indira	a W. Fun	es					
		(Contact Person)	<del></del>	_			
Shor	e To Doo	or Fish Market Limited L	_iability Compan	y			
-		(Firm/Company)		_			
3380	S. Doug	las Road					
	- ·-	(Address)		_			
Cocc	onut Grov	ve, FL 33133					
		(City/State and Zip Code)		_			
For fi	irther info	rmation concerning this n	natter, please call:				
Indira	a W. Fun	es	305	282-6743			
	(Nam	e of Contact Person)		& Daytime Telephone Number)			
	sed please 5 Filing F	e find a check made payab ce		Department of State for: 3 Fee & Certified Copy			
		URIER ADDRESS:		MAILING ADDRESS:			
_	tration Se ion of Cor			Registration Section Division of Corporations			
	n Buildin	•		P.O. Box 6327			
2661	Executive	Center Circle orida 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)

1. The name of the	e limited liability company as	it appears on the records of the Flo	orida Department
of State is:	ore To Door Fish Market Li	mited Liability Company	· · · · · · · · · · · · · · · · · · ·
	cument/registration number as	ssigned to this limited liability com	2019 DEC - 9
3. The date this m	ember/manager withdrew/res	igned or will withdraw/resign is: _	1/30/2019
4. I, Sigurd Ozol	s	igned or will withdraw/resign is:, hereby withdraw/resign as a	(a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c
	Name of Person Resigning)		⇒ . Q
Manager ————			
	(Print Title)		
of this limited lizer resignation in w	· •	e limited liability company has bed	en notified of my
Signature of I	nssociating Member or Resign	ning Manager	
Filing Fee:	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		