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Office Use Only



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SECULTATION AND ASSESSED AND ASSESSED

COVER LETTER

| TO: Registration Section Division of Corporations |
|---|
| SUBJECT: TON OF FISH 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: |
| Michael Henri TONDREAULT, MF |
| (Contact Person) |
| TON OF FISH LLC |
| (Firm/Company) |
| 6515 Channelside Terrace |
| Pinellas Park FL 33782 |
| (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| (Name of Contact Person) at (727) .656/245 (Area Code & Daytime Telephone Number) |
| (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 \$25 Filing Fee & Certified Copy |
| STREET/COURIER ADDRESS: MAILING ADDRESS: |
| Registration Section Registration Section |
| Division of Corporations Clifton Building Division of Corporations P.O. Box 6327 |
| 2661 Executive Center Circle Tallahassee, Florida 32314 |

Tallahassee, Florida 32301

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 lin | nited liability company as it appears on the records of the Florida Department TON OF FISH LCC. |
|-----------------------------------|--|
| | ent/registration number assigned to this limited liability company is: |
| 3. The date this memb | per/manager withdrew/resigned or will withdraw/resign is: |
| 4. I, Bethy M Print Nam A/P | int Title), hereby withdraw/resign as a |
| of this limited liabil | ity company and affirm the limited liability company has been notified of my |
| resignation in writir | ng. |
| Signature of Disso | ociating Member or Resigning Manager |
| | |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) |