

L16000128353

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

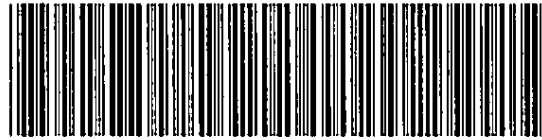
(Document Number)

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

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Wrong form

Office Use Only



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03/22/18--01025--003 \*\*140.00

04/24/18--01012--007 \*\*150.00

FILED  
18 OCT -4 AM 4:20  
SUDASSEE, FLA  
TALLAHASSEE, FLORIDA

SALY  
OCT -4 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 28, 2018

CAROLINE D. GRIMES  
7904 2ND AVE. W  
BRADENTON, FL 34209

SUBJECT: SHARK LEGENDS LLC  
Ref. Number: L16000128353

We have received your document for SHARK LEGENDS LLC and your check(s) totaling \$290.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Caroline D Grimes is not listed as a registered agent. She is listed as a MGR. Enclosed is the correct document to remove her as a MGR.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 018A00017920

2018 OCT -4 PM 1:13

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Shark Legends 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:

Lawrence Cavalluzzi  
(Contact Person)

Salty Printing  
(Firm/Company)

6030 Cortez Rd W  
(Address)

Bradenton, FL 34210  
(City/State and Zip Code)

For further information concerning this matter, please call:

Larry Cavalluzzi at ( 941 ) 243-3875  
(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

**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



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

FILED  
18 OCT -4 AM 4:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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: Shark Legends LLC

2. The Florida document/registration number assigned to this limited liability company is:  
L16000128353

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 3/19/18 original date

4. I, CAROLINE D GRIMES, hereby withdraw/resign as a  
(Print Name of Person Resigning)

MGR  
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Caroline D Grimes  
Signature of Dissociating Member or Resigning Manager

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