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COVER LETTER

Division of Cor	porations			
SUBJECT: Setting T	he Bar, LLC			
<u></u>	(Name of Limited Liability Company)			
The enclosed member,	resignation or dissociation ar	nd fee(s) are submitted for fili	ng.	
Please return all corresp	oondence concerning this ma	tter to:		
Jason Wold				
(1	Contact Person)			
Setting The Bar, LLC				
(i	Firm/Company)			
6465 142nd Ave N	APT E104			
	(Address)			
Clearwater, FL 33760)		28	
(City	/State and Zip Code)		SE	
For further information	concerning this matter, pleas	se call:	2018 SEP 17 SEGRETARY	
Jason Wold	84 at (
(Name of Con	tact Person) (Are	ea Code & Daytime Telephone	Number 22	
Enclosed please find a ○ □ \$25 Filing Fee	• •	lorida Department of State for 5 Filing Fee & Certified Copy	r:	

STREET/COURIER ADDRESS:

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

TO: Registration Section

MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 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	limited liability company as	s it appears on the records of th	ne Florida Department
of State is:	ng The Bar, LLC		 .
2. The Florida docu L1600013732		ssigned to this limited liability	company is:
3. The date this me	mber/manager withdrew/res	signed or will withdraw/resign	is:
4. I, Jason Wold			ı as a
Member	ame of reison resigning)		
	(Print Title)		
resignation in wr	olding.	ne limited liability company ha	ss been notified of my
Signature of Di	ssociating Member or Resig	ining Manager	SSEE FOR
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		10 00 C