## L16000208382

(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UF	P WAIT	MAIL					
(Business Entity Name)							
(Document Number)							
Certified Copies	Certific	ates of Status					
Special Instructions to Filing Officer:							

Office Use Only

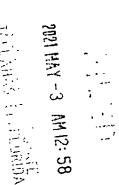


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## **COVER LETTER**

TO:	_	stration Section		
	DIVIS	sion of Corporations		
SUBJ	ECT:	BLACK SNEAK ENTERTAINME	NT LLC	
		(Name of Lir	nited Liability Co	mpany)
The er	nclosed	d member, resignation or dissoc	ciation and fee(	s) are submitted for filing.
Please	returr	all correspondence concerning	g this matter to:	
GERAI	LD CEI	DANT		
		(Contact Person)		-
		(Firm/Company)		_
5745 W	VILEY S	STREET		
		(Address)		_
HOLLY	Y WOO!	D. FL 33023		
		(City/State and Zip Code)		_
For fu	rther in	nformation concerning this mat	ter, please call:	
GERAI	LD CEI	DAN'T	305- at (	904-8128
	(N	lame of Contact Person)		& Daytime Telephone Number)
Enclos	sed ple	ease find a check made payable	to the Florida I	Department of State for:
<b>≡</b> \$25	5 Filing	g Fee	□ \$55 Filin	g Fee & Certified Copy
	<u>Mailir</u>	ng Address:		Street Address:
	_	stration Section		Registration Section
	Division of Corporations		Division of Corporations The Centre of Tallahassee	
	P.O. Box 6327 Tallahassee, FL 32314			2415 N. Monroe Street, Suite 810
	rana			Tallahassee, FL 32303



## 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 th	e limited liability company as	s it appears on the records	of the Florida Department		
of State is: BLA	CK SNEAK ENTERTAINMENT	LLC	·		
2. The Florida doc	cument/registration number as	ssigned to this limited liab	bility company is:		
3. The date this m	ember/manager withdrew/res	signed or will withdraw/re	esign is:		
4. 1, GERALD CEDANT (Print Name of Person Resigning)		, hereby withdraw/re	, hereby withdraw/resign as a		
MANAGER	Name of Person Resigning)				
	(Print Title)				
of this limited li resignation in w	ability company and affirm the riting.	ne limited liability compar	ny has been notified of my		
Signature of E	Dissociating Member or Resig	ning Manager	-3 AH 12: 5		
Filing Fee:	\$25.00 (Required)		2: <b>5</b> 8		