21700060370

(Re	equestor's Name)	
. (Ad	Idress)	
(Ad	dress)	
(Cit	ty/State/Zip/Phone	#)
. PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
Wrong Form	^	

Office Use Only



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03/22/18--01025--003 **140.00 04/24/18--01012--007 **150.00



CT -4 2018



August 28, 2018

ERIC T GRIMES 7904 2ND AVE. W BRADENTON, FL 34209

SUBJECT: SALTY BRANDS LLC Ref. Number: L17000060370

We have received your document for SALTY BRANDS 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):

Eric T Grimes is not listed as the registered agent. He is listed as a MGR. Enclosed is the correct document to resign 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.

Letter Number: 618A00017919

Karen A Saly Regulatory Specialist II

www.sunbiz.org

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Saltyhrands UC	pility Company)
The enclosed member, resignation or dissociation a	nd fee(s) are submitted for filing.
Please return all correspondence concerning this ma	itter to:
Lawrence Cavallu331	
(Contact Person)	
Salty Prutues (Firm/Company)	_
1930 Curtes 12d W (Address)	
Bradenten, Fr 3440 (City/State and Zip Code)	
For further information concerning this matter, plea	ase call:
(Name of Contact Person) at (A	941) 743-3875 rea Code & Daytime Telephone Number)
Enclosed please find a check made payable to the 1 □ \$25 Filing Fee □ \$3	Florida Department of State for: 55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (2/14)

Tallahassee, Florida 32301





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 l	imited liability company as it appears on the records of the Florida Department
of State is:	Saltybrands LC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
L17000	1060370
3. The date this mer	nber/manager withdrew/resigned or will withdraw/resign is: 3/19/18 date
4.1. EXILL	hereby withdraw/resign as a me of Person Resigning)
	Print Title)
of this limited liab	bility company and affirm the limited liability company has been notified of my ting.
Signature of Di	ssociating Member or Resigning Manager
Signature of Di	3300 Management of the agency of the second
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)