L 17000062349

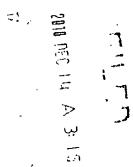
(Requestor's Name)							
(Address)							
(Address)							
(City/State/Zip/Phone #)							
PICK-UP	☐ WAIT	MAIL					
(Business Entity Name)							
(Document Number)							
Certified Copies	Certificate:	s of Status					
Special Instructions to	Filing Officer:						
_							

Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: The Nickel (1 de (Name of Limited Liability Co	LL C
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to	:
Todal Languer (Contact Person)	_
The Mickel Flde LL (Firm/Company)	
2401 fist st Ste 26 (Address)	
Fort Miles FL 33901 (City/State and Zip Code)	رن - ثن
For further information concerning this matter, please call	:
(Name of Contact Person) at (307) (Area Cod	e & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida I □ \$25 Filing Fee □ \$55 Filing	Department of State for: g 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)

					28
1. The name of the l	imited liability cor	npany as it appea	rs on the records	of the Florid	dazDepartment
of State is:	The	Mickel	ride	LLC	E
2. The Florida docu	ment/registration n	umber assigned to	this limited lial	bility compar	ny is:
170000	62349	·		. (يې ۲ <u>۱-۱</u> ۵ - ۱۶
3. The date this men	nber/manager with	drew/resigned or	will withdraw/re	esign is: 🌉	. , ,
4. I. Katvin (Prim Na	u Salolu me of Person Resignir	, he	reby withdraw/r	esign as a	
Partner	rint Title)	·			
of this limited liab resignation in writ		affirm the limited	liability compar	ny has been r	notified of my
Matso	loky				
Signature of Dis	sociating Member	or Resigning Mar	nager		
Filing Fee:	•	•			
Certified Copy:	\$50.00 (Optiona	ı!)			