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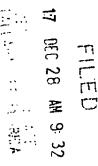
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DEC 20 2017

CQVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: High TIDE Seevices & Consulting Li
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Isis Isabel (Contact Person)
H & I Tax Injectment Coep (Firm/Company)
1860 N Pine Island es suite #109
Plantation FL 33322 (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (954) 600 580) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: S25 Filing Fee S55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations MAILING ADDRESS: Registration Section Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

Clifton Building

2661 Executive Center Circle 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 limited liability company as it appears on the records of the Flo	orida Depa	artment
of State is: High Tide Services & Consulting	uc	·
2. The Florida document/registration number assigned to this limited liability com L 17000 70309	pany is:	
3. The date this member/manager withdrew/resigned or will withdraw/resign is:		
of this limited liability company and affirm the limited liability company has bee resignation in writing.	n <u>no</u> tified 골곱 즉	l of my হা
Signature of Dissociating Member or Resigning Manager	WEBST STATE THAT I	133