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COVER LETTER

Division of Corporations	
SUBJECT: Earth Immersion	
(Name of Limited Liability Co	mpany)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:	
Scott Davenport	
(Contact Person)	_
Earth Immersion	
(Firm/Company)	_
14026 SW 72nd Terrace	
(Address)	_
Archer, FL 32618	
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Scott Davenport 727	488-6924
	& 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:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations Clifton Building	Division of Corporations P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	i dilaidiboo, i lolida 5251 1

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)

	limited liability company as it appears on the records of the Florida Department
2. The Florida docu L1700007309	ument/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
4. I,	
member	
	(Print Title)
of this limited liab resignation in wr	pility company and affirm the limited liability company has been notified of my ting.
Signature of Di	Ssociating Member or Resigning Manager
_	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)