L17000100457

(Re	equestor's Name)			
(Address)				
(Address)				
(C	ity/State/Zip/Phone #)			
PICK-UP	☐ WAIT	MAIL		
(B	usiness Entity Name)			
(Document Number)				
Certified Copies	Certificates of	Status		
Special Instructions to	Filing Officer:			

Office Use Only



800316975868

08/13/18--01019--003 **55.00





COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT:	Pensacola Bay Oyster Hatchery, LLC			
,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	(Name of Limited Liability Company)			
The enclosed	d member, resignation or dissocia	tion and fee(s)	are submitted for filing.	
Please return	all correspondence concerning t	his matter to:		
Donald Mc				
	(Contact Person)			
Pensacola	Bay Oyster Hatchery, LLC			
	(Firm/Company)	<u>.</u>	-	
11 West G	arden Street			
	(Address)	<u></u>	•	
Pensacola	, FL 32502			
	(City/State and Zip Code)		•	
For further information concerning this matter, please call:				
Donald Mo	Mahon	850 at (982-2623	
1)	lame of Contact Person)	(Area Code	& Daytime Telephone Number)	
Enclosed please find a check made payable to the Florida Department of State for: \$\square\$ \$\\$55 \text{Filing Fee} \square\$ \$\\$55 \text{Filing Fee} & \text{Certified Copy}				
Registration Division of Clifton Buil 2661 Execu	Corporations		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314	

CR2E079 (2/14)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROMS FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY (Pursuant to 605.0216, Florida Statutes) The name of the limited liability company as it appears on the records of the Florida Department

1. The name of the	limited liability company	as it appears on the records of the Florida Department	
	sacola Bay Oyster Hatch		
2. The Florida doci	ument/registration number	assigned to this limited liability company is:	
L1700010045	7	·	
3. The date this me	:mber/manager withdrew/r	esigned or will withdraw/resign is:	
4. I, Doug Ankersen (Print Name of Person Resigning)			
(Print N	lame of Person Resigning)	, , , , , , , , , , , , , , , , , , , ,	
Manager/Mer	nber		
	(Print Title)	,	
of this limited lia resignation in wr	7	the limited liability company has been notified of my	
duir/l	theren		
Signature of Di	issociating Member or Res	signing Manager	
	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		