117000127694

(Requestor's Name)				
(Ad	dress)			
,	,			
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(Cit	y/State/Zip/Phone	#)		
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JUL OS 2018

COVER LETTER

Division of Corporations	
SUBJECT: Happy Mermaids (Name of Limited I.)	LLC iability Company)
The enclosed member, resignation or dissociation	and fee(s) are submitted for filing.
Please return all correspondence concerning this	natter to:
Courtney Beard (Contact Person)	
Happy Mermaids LLC (Firm/Company)	
779 Squirrel Rol	
Defuniak Springs FL 324 (City/State and Zip Code)	33
For further information concerning this matter, pl	ease call:
(Name of Contact Person) at (850) <u>333 - 539し</u> Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the \$25 Filing Fee	Florida Department of State for: \$55 Filing Foe & 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
2557 Intellitte Center Chere	i di

CR2E079 (2/14)

Tallahassee, Florida 32301

TO: Registration Section



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 appe	ears on the records of the Fl	lorida Department
of State is: H	ippy Mermaids LLC		·
2. The Florida docu	ment/registration number assigned	to this limited liability con	npany is:
_ L1700	0127694		
3. The date this me	mber/manager withdrew/resigned o	or will withdraw/resign is: _	w/25/18
4.1. Jona tha	O Sples ame of Person Resigning)		
Manag	YeT Print Title)		
of this limited liab resignation in wr	pility company and affirm the limit	ted liability company has be	ထ
Top	h		JUL - *
Signature of Di	ssociating Member or Resigning N		E F
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		(4) (4) (4) (4) (4) (4) (4) (4) (4) (4)