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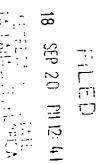
(Requi	estor's Name)		
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PICK-UP	MAIT	MAIL	
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SEP 201

COVER LETTER

Division of Corporations			
SUBJECT: BARRACUDA TACKLE, LLC	,		
(Name of Limited Liability Con	npany)		
The enclosed member, resignation or dissociation and fee(s	a) are submitted for filing.		
Please return all correspondence concerning this matter to:			
HOWARD P. ROSS ESQ. BCS BUS LIT AND CIV TR			
(Contact Person)	_		
BATTAGLIA, ROSS, DICUS & MCQUAID, P.A.			
(Firm/Company)	_		
5858 CENTRAL AVENUE	_		
(Address)	_		
ST. PETERSBURG, FL 33707			
(City/State and Zip Code)	_		
For further information concerning this matter, please call:			
HOWARD P. ROSS ESQ. B.C.S. 727	381-2300		
(Name of Contact Person) (Area Code	& Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee			
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314		

CR2E079 (2/14)





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	s it appears on the records of the Florida Department
of State is:	RACUDA TACKLE, LLC	
2. The Florida docu	ıment/registration number a	ssigned to this limited liability company is:
L1700015770	9	•
3. The date this me	mber/manager withdrew/re	signed or will withdraw/resign is:
IEEE AAA DIIAI		hereby withdraw/resign as a
(Print N	lame of Person Resigning)	, hereby withdraw/resign as a
MANAGER		
	(Print Title)	
resignation in wr	iting. Usu	he limited liability company has been notified of my
Signature of D	issociating Member or Resi	gning Manager
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	