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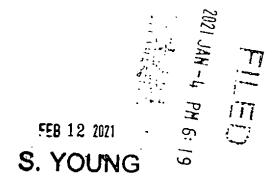
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COVER LETTER

SUBJECT: Fish Tales 16, LLC	TO: Registration Section Division of Corporations	
(Name of Limited Liability Company) The enclosed member, resignation or dissociation and fee(s) are submitted for filing. Please return all correspondence concerning this matter to: Christopher Pearson (Contact Person) Owner (Firm/Company) 5017 Tampa West Blvd (Address) Tampa. Fl. 33634 (City/State and Zip Code) For further information concerning this matter, please call: Christopher Pearson (Name of Contact Person) (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: S25 Filing Fee S25 Filing Fee S55 Filing Fee & Certified Copy Mailing Address: Registration Section Division of Corporations P.O. Box 6327 The Centre of Tallahassee	Fish Tales 16, LLC SUBJECT:	
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Tampa. Fl. 33634 (City/State and Zip Code) For further information concerning this matter, please call: Christopher Pearson at (1) 839-7285 (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: S25 Filing Fee Mailing Address: Registration Section Division of Corporations P.O. Box 6327 For further information concerning this matter, please call: 813 839-7285 (Area Code & Daytime Telephone Number) S55 Filing Fee & Certified Copy	5017 Tampa West Blvd	
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Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee	<u> </u>	
Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee	Mailina Address	Street Address:
Division of Corporations P.O. Box 6327 Division of Corporations The Centre of Tallahassee		Registration Section
	Division of Corporations	•
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Tallahassee, FL 32314 2413 N. Monroe Street, Suite 610 Tallahassee, FL 32303	Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810



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)

	e limited liability company as	, -		Florida I	Departmen	ıt
2. The Florida doc L17000204426	ument/registration number a	ssigned to this limi	ited liability co	ompany i	.S:	
3. The date this me	ember/manager withdrew/res	signed or will with	draw/resign is	12/31/20		
		, hereby with				
Manager	(Print Title)					
of this limited lia resignation in w	ability company and affirm the	he limited liability	company has l	been noti	fied of my	7
Signature of D) MA COVS-CK Pissociating Member or Resig	gning Manager	_		2021	
	\$25.00 (Required) \$30.00 (Optional)				2021 JAN - 4 PH S	, e