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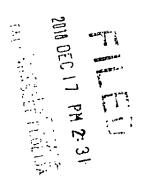
(Requestor's Name)						
(Address)						
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PICK-UP WAIT MAIL						
(Business Entity Name)						
(Districts Limit, Figure)						
(Document Number)						
Certified Copies Certificates of Status						
Special Instructions to Filing Officer:						

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COVER LETTER

_	stration Section sion of Corporations			
SUBJECT:	Kraken Ink, LLC			
Sommer	(Name of Lin	nited Liability Com	pany)	
The enclose	d member, resignation or dissoc	iation and fee(s)	are submitted for filin	ıy.
Please return	all correspondence concerning	this matter to:		
David Mille	er			
	(Contact Person)			
	(Firm/Company)			
306 Lance	Ln			
	(Address)			
Key Largo	FL 33037			
	(City/State and Zip Code)			
For further i	nformation concerning this mat	ter, please call:		To Complete to the state of the
David Mille	er	at (305_) <u>879 - 2064</u>	5 Fm
4)	Same of Contact Person)		& Daytime Telephone N	lumbier)
Enclosed plo ■ \$25 Filin	ease find a check made payable g Fee		epartment of State for: Fee & Certified Copy	7: 1-1 1-1 1-1 1-1 1-1 1-1 1-1 1-1 1-1 1-1

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)



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)

2. The date this member/manager withdrew/resigned or will withdraw/resign is: 4. I. Robert Fernandez (Print Name of Person Resigning) Member and AMBR (Print Title) of this limited liability company and affirm the Hinted liability company has been notified Print resignation in writing Signature of Dissociating Member of Resigning Manager Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional) Accember (1, 2018 Personally appeared Robert Fernandez who is personally Known to me.	2. The Florida document/registratio	on number assigne	ed to this limited l	liability compa	any is:	
A. I. Robert Fernandez , hereby withdraw/resign as a (Print Name of Person Resigning) Member and AMBR (Print Title) of this limited liability company and affirm the limited liability company has been notified of my resignation in writing Signature of Dissociating Member of Resigning Manager Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	L17000238178					
A. I. Robert Fernandez , hereby withdraw/resign as a (Print Name of Person Resigning) Member and AMBR (Print Title) of this limited liability company and affirm the limited liability company has been notified of my resignation in writing Signature of Dissociating Member of Resigning Manager Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	3. The date this member/manager v	vithdrew/resigned	l or will withdraw	/resign is:	/7/2018	
Member and AMBR (Print Title) of this limited liability company and affirm the limited liability company has been notified of my resignation in writing Signature of Dissociating Member of Resigning Manager Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	Dobort Cornondor					
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing Signature of Dissociating Member of Resigning Manager Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)		gning)				
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing Signature of Dissociating Member of Resigning Manager Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	Member and AMBR	·			20	
Signature of Dissociating Member of Resigning Manager Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	(Print Title)					
Signature of Dissociating Member of Resigning Manager Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	of this limited liability company a	nd affirm.the-lim	ited liability com	pany has been	notified of	ny
Signature of Dissociating Member of Resigning Manager Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	resignation in writing	7			- 1	4 ₹-
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Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)						٠,.
Certified Copy: \$30.00 (Optional)	Signature of Dissociating Mem	ber of Resigning	Manager		Çiş <u>—</u>	
Certified Copy: \$30.00 (Optional)	Eiling Fow \$25.00 (Page	niewł\				
December 11,2018 Personally appeared Robert Fernandez who is personally Known to me.						
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who is personally known to me.	Mcember 11,2018	/ersonang	appeared	Mordeni	reinand	ez
	who is personally	Known to	me.			
	CR2E079 (2/14)	FRA BROWN \$	Laura &			