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(Re	equestor's Name)		
(Ad	ldress)		
(Ad	ldress)		
(Cit	ty/State/Zip/Phone	#)	
PICK-UP	☐ WAIT	MAIL	
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(Document Number)			
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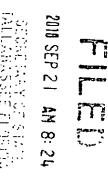
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D. BRUCE SEP 22 20.

COVER LETTER

TO:	_	stration Section sion of Corporations					
SUB.	JECT:	Gone Salty LLC			-		
		(Name of	f Limited Liability Cor	npany)			
The e	enclosed	d member, resignation or dis	ssociation and fee(s	s) are submitted for filing.			
Pleas	e returr	all correspondence concern	ning this matter to:				
Rem	y Radi	-		_			
		(Contact Person)					
Gon	e Salty						
		(Firm/Company)					
72 N	I Shore	Rd		_			
		(Address)					
Нап	npton, i	NH 03842		_			
	, .	(City/State and Zip Code)			; - -	5 22	•
Forf	further i	information concerning this	matter, please call:		711.4 711.4 710.13	2010 SE	7
Ren	ny Rad	kay	603 at (275-51 6 2)		P 21	7
	(1	Name of Contact Person)	(Area Cod	e & Daytime Telephone Number)		A	
	osed pl 25 Filin	ease find a check made paya g Fee	able to the Florida l	Department of State for: g Fee & Certified Copy		H 8: 24	
Regi Divi Clift 2661	istration sion of on Buil LExecu	COURIER ADDRESS: a Section Corporations Iding ative Center Circle b, 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)

. Gor	limited liability company as it appe		rida Department		
2. The Florida doc L1800001429	ment/registration number assigned	to this limited liability comp	oany is:		
3. The date this me	mber/manager withdrew/resigned o	or will withdraw/resign is:	08/17/2018		
4. I, Darcy Boivin	,	nereby withdraw/resign as a			
(Print)	ame of Person Resigning)	, ,			ı
Part owner / I					
· · · · · · · · · · · · · · · · · · ·	(Print Title)				
of this limited lia resignation in wr	bility company and affirm the limite	ed liability company has been	n notified of my		
Darm	6		A CAR	2010 SEP	
Signature of 19	ssociating Member or Resigning M	anager	から のパ では では、	21	
	\$25.00 (Required) \$30.00 (Optional)		FLORID	AH 8: 2	