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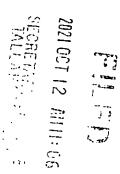
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

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10/12/21--01024--013 **25.00



COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Shore tents and (Name of Limited	events 1/2 Liability Company)
The enclosed member, resignation or dissociation	on and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to:
Derek Mayo (Contact Person)	
Shore tents and Ever	nts 1K
2229 capri dr. (Address)	
Clearwater F 33763 (City/State and Zip Code)	
For further information concerning this matter, p	blease call:
(Name of Contact Person)	(1) 900 3808 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the	
Mailing Address: Registration Section Division of Corporations	Street Address: Registration Section Division of Corporations

The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

CR2E079 (2/14)

P.O. Box 6327

Tallahassee, FL 32314



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 of State is: $\underline{\underline{5}}$	limited liability company as have tents and	it appears on the record	ls of the Florida Department
2. The Florida doci	ument/registration number as	signed to this limited li	ability company is:
4.1. <u>Than</u> Prince Authori	mber/manager withdrew/resing POWER Same of Person Resigning) 200 MMDER (Print Title)	igned or will withdraw/i	
of this limited lia resignation in wr	bility company and affirm th	e limited liability comp	any has been notified of my
	un Power	ning Managar	2021 o
Filing Fee: Certified Copy:	ssociating Member or Resig \$25.00 (Required) \$30.00 (Optional)	mng wianager	ET 12 MIII: 66