L1900 128 491

| (Re | equestor's Name) | | | |
|---|------------------|---------------|--|--|
| (Address) | | | | |
| (Ad | dress) | · | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| (1) | cament Namber) | | | |
| Certified Copies | _ Certificates | of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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COVER LETTER

| TO: Registration Section Division of Corporations | | | | |
|--|--|--------|--|--|
| SUBJECT: UBUNTU FISH LLC | | | | |
| (Name of Lin | nited Liability Company) | | | |
| The enclosed member, resignation or dissoci | iation and fee(s) are submitted for filin | ng. | | |
| Please return all correspondence concerning | this matter to: | | | |
| HARRY M SAMUELS | | | | |
| (Contact Person) | | | | |
| REGISTERED AGENTS OF SOUTH FLORIDA INC | | | | |
| (Firm/Company) | | | | |
| 2901 STIRLING ROAD-STE 307 | | | | |
| (Address) | | | | |
| FT LAUDERDALE, FL 33312 | | | | |
| (City/State and Zip Code) | | | | |
| For further information concerning this matte | er, please call: | | | |
| HARRY M SAMUELS | 954 966-1350` | | | |
| (Name of Contact Person) | (Area Code & Daytime Telephone N | umber) | | |
| Enclosed please find a check made payable to \$25 Filing Fee | o the Florida Department of State for: \$\square\$ \$\square\$ \$55 Filing Fee & Certified Copy | | | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301 | MAILING ADDRES Registration Section Division of Corporatio P.O. Box 6327 Tallahassee, Florida 32 | ons | | |

CR2E079 (2/14)



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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 limited liability company as i | t appears on the records of the Florida Department |
|--------------------------------|---|--|
| of State is: | BUNTU FISH LLC | |
| 2. The Florida d | locument/registration number ass | igned to this limited liability company is: |
| L19000128 | 491 | |
| 3. The date this | member/manager withdrew/resig | ned or will withdraw/resign is: |
| | NE SKORDY nt Name of Person Resigning) | |
| (Prir | nt Name of Person Resigning) | |
| MEMBER | | |
| | (Print Title) | |
| of this limited resignation in | | limited liability company has been notified of my |
| La V | Name Sindy | |
| Signature of | Dissociating Member of Resigning | ng Manager |
| _ | \$25.00 (Required) | |
| Terrified Conv. | \$30.00 (Ontional) | |