L19000273936

(Description Normal)
(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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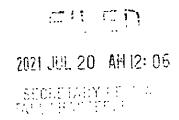
09/05/2021 JH

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COVER LETTER

Division of Corporations	
SUBJECT: HIGH 5 CREA (Name of Limited)	HONS, LLC diability Company)
The enclosed member, resignation or dissociation	and fee(s) are submitted for filing.
Please return all correspondence concerning this	matter to:
MIRanda Plate (Contact Person)	
HIGH 5 CREATIONS, LLC	· .
18225W 2015 TER	
Cape Coral FE 33991 (City/State and Zip Code)	
For further information concerning this matter, p	lease call:
Mikanda Plate at (Name of Contact Person)	239) 771-5568 Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the XXS25 Filing Fee Paul w(V1255	e Florida Department of State for: \$55 Filing Fee & Certified Copy
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, F1, 32303





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 it appears on the records of the Florida Department
of State is:	High 5 Creations, LLC
2. The Florida docu	ment/registration number assigned to this limited liability company is:
L19000.	273936
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: $\frac{U/24/21}{}$
4.1. Matt	ne of Person Resigning). hereby withdraw/resign as a
Mana	G-CR Print Titles
of this limited liab resignation in wri	pility company and affirm the limited liability company has been notified of myting.
Mally	
Signature of Di	ssociating Member or Resigning Manager
_	\$25.00 (Required) \$30.00 (Ontional)