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SECULARISE DE FLORIDA

## **COVER LETTER**

TO: Registration Section Division of Corporations	
THE SHACK PINELLAS LLC SUBJECT:	
(Name of Limite	d Liability Company)
The enclosed member, resignation or dissociati	on and fee(s) are submitted for filing.
Please return all correspondence concerning th	is matter to:
Nicholas J Aquino	
(Contact Person)	
(Firm/Company)	<del></del>
235 3rd Avenue N, Unit 459	
(Address)	
St Petersburg, FL 33701	
(City/State and Zip Code)	<del></del> _
For further information concerning this matter,	please call:
Steven Kuebler	941 9614377 .t ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to t  \$\Boxed{1}\$ \$25 Filing Fee \$1\$	he 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, FL 32303

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)

1. The name of the limited liability of State is: THE SHACK PINELLAS	company as it appears on the records of the Florida Department
2. The Florida document/registration L20000013470	n number assigned to this limited liability company is:
	ithdrew/resigned or will withdraw/resign is: , hereby withdraw/resign as a
of this limited liability company at resignation in writing.  Signature of Dissociating Memb	nd affirm the limited liability company has been notified of my per or Resigning Manager
Filing Fee: \$25.00 (Requ	ired)

Certified Copy:

\$30.00 (Optional)