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(Re	equestor's Name)			
(Ad	ldress)			
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COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: SHRIMP TO SHORE, LLC (Name of Limited Liability Company)
(Name of Limited Liability Company)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:
Aurelius Sevenings 11 (Contact Person)
Shrim To Share, LLC. (Firm/Company)
40401 Starrutt roud, 32226 (Address)
JULKSONVILL, FL 32226
For further information concerning this matter, please call:
(Name of Contact Person) at (904), 805 - 2034 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\Begin{align*} \text{\$\text{\$\text{55}} \text{Filing Fee & Certified Copy}} \end{align*}\$
Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of TallahasseeTallahassee, El. 323142415 N. Monroe Street, Suite 810

Tallahassee, FL 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)

	hrime To Show	s it appears on the records of the Florida De	partment
2. The Florida doc	ument/registration number a	ssigned to this limited liability company is:	
3. The date this me	ember/manager withdrew/res	signed or will withdraw/resign is: $1/5/2$	2020
		, hereby withdraw/resign as a	
any av	(Print Title)		
of this limited lia resignation in wi	- • -	he limited liability company has been notific	ed of my
	issociating Member or Resn		
Signature of 12	issociating become of resig	gining iviauagei	2021 APR
_	\$25.00 (Required)		APR
Certified Copy:	\$30.00 (Optional)		2 د د

Certified Copy:

\$30.00 (Optional)