LZO 000 170 188

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	· #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
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06/28/22--01018--015 **55.00



COVER LETTER

SUBJECT: Sharks Fat SMart II 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:
Mauika Leur- Hotaling (Contact Person)
Sharks Eat Swart II LCC (Firm/Company)
1428 SE SKD St. (Address)
Cape Coral FL 33990 (City/State and Zip Code)
For further information concerning this matter, please call:
Monika Lehr-Hotalingar (239) 851-3376 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Florida Department of State for: \$\sigma\$ \$55-\text{Filing Fee} & Certified Copy

TO: Registration Section Division of Corporations

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



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)

i. The name of the	limited liability company as it appears on the records of the Florida Department
of State is:	Sharks Eat Smort II LLC
2. The Florida docu	ument/registration number assigned to this limited liability company is:
	0/70188
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is: $6 - 21 - 22$
4. 1. <u>KOSS</u> Print N <u>Manag</u>	hereby withdraw/resign as a man of Person Resigning) All the print Title) bility company and affirm the limited liability company has been notified of my
Signature of Di	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)