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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: MATS ON DECK LLC (Name of Limited Liability Company)	
(Finale of Finale Bulling)	
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to:	
Edsel Calderon / Kenneth Santana (Contact Person)	
(Contact Person)	
MATS ON DECK LLC	
(Firm/Company)	
13186 SW47th5+	
(Address)	
Miranar Fl 33027	
(City/State and Zip Code)	
For further information concerning this matter, please call:	ं. ए .)
Kenneth Santana at (954) 803 7366 (Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for:	インドランド
(Name of Contact Person) (Area Code & Daytime Telephone Number)	유국) 문의
Enclosed please find a check made payable to the Florida Department of State for: □ \$25 Filing Fee	SATION.

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)

1. The name of the limited liability company as it appears on the records of the Florida I of State is: MATS ON DECK LLC)epart	ment
2. The Florida document/registration number assigned to this limited liability company i L 20000224296	s:	
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 6/14 4. I. Tiffuny Kellen , hereby withdraw/resign as a (Print Name of Person Resigning) Authorized Person (Print Title)	120) <u>2</u> 0
of this limited liability company and affirm the limited liability company has been noti resignation in writing.	fied of	fmy
Signature of Dissociating Member or Resigning Manager	20 AUG 27	14857 J. 148 887 J. 1486 1187 J. 1486
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	AMII: 03	TABE BRAILE TABE STATE