

120000290388

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

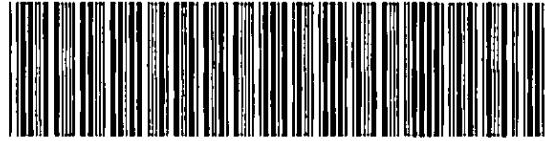
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600355579786

11/25/20--01007--032 \*\*135.00

25.00

S TALENT

JAN 11 2020

277 NOV 25 PM 6:09

Miss/Resign  
all

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** FISH BETS MEDIA LLC

(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:

Joshua W. Campbell

(Contact Person)

FISH BETS MEDIA LLC

(Firm/Company)

605 SE 3RD ST

(Address)

CAPE CORAL, FL 33990

(City, State and Zip Code)

For further information concerning this matter, please call:

JOSHUA W. CAMPBELL

(Name of Contact Person)

at (239)

(Area Code & Daytime Telephone Number)

~~822-7179~~

822-8663

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$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



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: FISH BETS MEDIA LLC

2. The Florida document/registration number assigned to this limited liability company is:  
1.20000290388

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 11/23/20

4. I, ADAMS, ANGELIKA M, hereby withdraw/resign as a  
*(Print Name of Person Resigning)*

Manager

*(Print Title)*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Angelika Adams

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)