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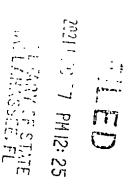
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





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COVER LETTER

Registration Section

TO:

Division of Corporations High Tides L.L.C SUBJECT: (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: Justin Burkhardt (Contact Person) High Tides LLC (Firm/Company) 677 SW Woodcreek Dr (Address) Palm City/Florida 34990 (City/State and Zip Code) For further information concerning this matter, please call: Justin Burkhardt 486-3887 at ((Name of Contact Person) (Area Code & Daytime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: **\$25** Filing Fee ☐ \$55 Filing Fee & Certified Copy **Mailing Address:** Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 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 th	e limited liability company as	it appears on the records	s of the Florida Department
2. The Florida doo	cument/registration number as	signed to this limited lial	bility company is:
Fernando Blanc	ember/manager withdrew/resi		
Partner	(Print Title)		
resignation in w	ability company and affirm the riting. Solution Dissociating Member or Resign		ny has been notified of my 11 ED 1201 PH 12: 25 11 SSEE FL
Filing Fee: Certified Conv	\$25.00 (Required) \$30.00 (Optional)) 2: 25 2: 75 2: 75 3: FL