K20 000314446

(Re	questor's Name)	
		
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COVER LETTER

TO: Registration Section Division of Corporations	
Pallet Buddies, LLC SUBJECT:	
	mited Liability Company)
The enclosed member, resignation or dissoc	ciation and fee(s) are submitted for filing.
Please return all correspondence concerning	g this matter to:
sean bates	
(Contact Person)	
pallet buddies	
(Firm/Company)	
6675 114th ave	
(Address)	
iargo. FL 33773	
(City/State and Zip Code)	
For further information concerning this mat	tter, please call:
sean bates	813 992-8921 at ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable ■ \$25 Filing Fee	to the Florida Department of State for: ☐ \$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)

Tallahassee, FL 32314



SE 30 PH 5: 20

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: Pallet	Buddies, LLC	
2. The Florida docu L20000314446	ument/registration number assig	ned to this limited liability company is:
3. The date this me	mber/manager withdrew/resign	ed or will withdraw/resign is:
4. I, Sean Bates (Print N	lame of Person Resigning)	_, hereby withdraw/resign as a
MGR	, , ,	
	(Print Title)	
of this limited lial resignation in wri		mited liability company has been notified of my
Signature of Di	ssociating Member or Resignin	g Manager
_	\$25.00 (Required) \$30.00 (Optional)	