L210000 93285

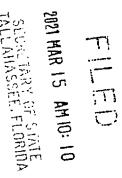
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			

Office Use Only



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03/15/21--01041--017 **25.00



11.

COVER LETTER

TO: Registration Section Division of Corporations	
Caribeaner, LLC SUBJECT:	
	d Liability Company)
The enclosed member, resignation or dissociat	ion and fec(s) are submitted for filing.
Please return all correspondence concerning th	is matter to:
Andrew M Burnett	
(Contact Person)	
CARIBEANER, LLC	
(Firm/Company)	
5314 18th Ave S	
(Address)	
Gulfport, FL 33707	
(City/State and Zip Code)	
For further information concerning this matter.	please call;
Andrew M Burnett	904 434-2648 t ()
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to t	
■ \$25 Filing Fee	☐ \$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
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 81
	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)

	: limited liability company as	• •	f the Florida Department
2. The Florida doc L21000093285	ument/registration number a	assigned to this limited liabil	lity company is:
3. The date this me	ember/manager withdrew/res	signed or will withdraw/resi	gn is: 3/10/2021
Joann G Burnett		horoby withdrow/rac	ian ac a
	Same of Person Resigning)	rereby withdrawites	ign as a
Manager			
	(Print Title)		
resignation in wi	bility company and affirm the fitting.	ae limited liability company	has been notified of my FILL HAR 15
Signature of D	issociating Member or Resig	gning Manager	5 AMIO: 10 SSEE FLORID
Filing Fee:	\$25.00 (Required)		C 08 1
- -	\$30.00 (Optional)		DE O