121000241241

(Requestor's Name)
(Address)
(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



600377360266

12 09 121 -- 0101.1 -- 012 ** 29.00

SECKETARY OF STATE

COVER LETTER

Division of Corporations
SUBJECT: Bubba Bows Bowfishing U.C. (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:
Taylor Voss (Contact Person)
Bulder Boll Bruashing U. (Firm/Company)
7901 4th 5+N Ste 300 (Address)
St Reterday FL 33702. (City/State and Zip Code)
For further information concerning this matter, please call:
(Name of Contact Person) at (8B) (6Co - 3617) (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 SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327The Centre of Tallahassee

The Centre of Tallahassee

2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

Tallahassee, FL 32314

TO: Registration Section





2021 DEC -6 PM 3: 58
SECRETARY OF STATE
TALLAHASSEE, FL

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	e limited liability company as it appears on the records of the Florida Department
of State is:	Bubiari Baus Bau Fishing LLC.
2. The Florida doc	ument/registration number assigned to this limited liability company is:
_ L 2100	14120
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is: 11/20/2021
4. I, <u>John</u>	
AMB8	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
	M/
Signature of Di	issociating Member or Resigning Manager
Filing Fee:	
Certified Copy:	\$30.00 (Optional)