

1210000306071

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

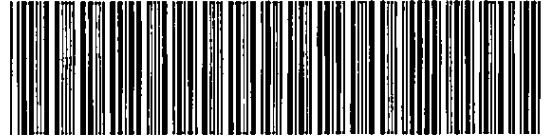
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600395094056

09/30/22--01012--005 **25.00

2022 SEP 30 PM 4:19
Filing Office

COVER LETTER

TO: **Registration Section
Division of Corporations**

SUBJECT: FisHard Adventures LLC

Name of Limited Liability Company

The enclosed Articles of ~~Amendment~~ and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Shannon Stahlin

Name of Person

Direct Incorporation

Firm/Company

PO Box 7089

Address

Ann Arbor MI 48107

City/State and Zip Code

documents@directincorp.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Shannon Stahlin

877 281-6496

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

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: FisHard Adventures LLC
2. The Florida document/registration number assigned to this limited liability company is:
L21000306071
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 2022-08-24
4. I, Kathy Scofield, hereby withdraw/resign as a
(Print Name of Person Resigning)
Authorized Member
(Print Title)

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

Kathy Scofield
Signature of Dissociating Member or Resigning Manager

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

2022 SEP 30 PM 4:19
Filing Date