

h21 000478865

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

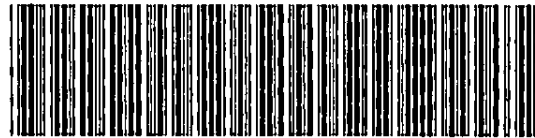
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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05/10/22--01012--002 **25.00

FILED
2022 MAY 10 PM 4:17
CLERK OF SUPERIOR COURT
JULIA A. HARRIS

JUN 30 2022

M. SOLOMON

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: King Tide Advisors LLC

(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:

Ross Cutler

(Contact Person)

King Tide Advisors LLC

(Firm/Company)

3441 SW Rivers End Way

(Address)

Palm City, FL 34990

(City/State and Zip Code)

For further information concerning this matter, please call:

Arthur Lyons

571 318-0488
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:

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

FILED
2022 MAY 10 PM 4:17
TALLAHASSEE, FL
F. J. B. JONES, JR.
CLERK OF THE CIRCUIT COURT



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: King Tide Advisors LLC

2. The Florida document/registration number assigned to this limited liability company is:
L21000478865

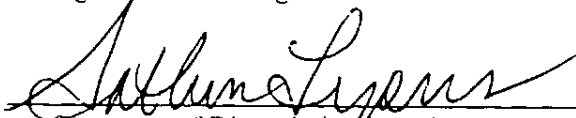
3. The date this member/manager withdrew/resigned or will withdraw/resign is: January 3, 2022

4. I, Arthur Lyons, hereby withdraw/resign as a
(Print Name of Person Resigning)

Member

(Print Title)

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


Signature of Dissociating Member or Resigning Manager

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

RECEIVED
JAN 10 PM 4:18
2022