h22000014746

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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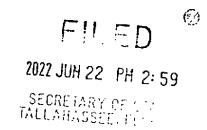


COVER LETTER

•	of Corporations		
SUBJECT: Pon	toon Pirate Nation LLC		
	(Name o	of Limited Liability Co	mpany)
The enclosed me	mber, resignation or di	ssociation and fee((s) are submitted for filing.
Please return all	correspondence concer	ning this matter to	:
JOSEPH D JOHNS	ON		
	(Contact Person)	,	-
Pontoon Pirate Nati	on LLC		
	(Firm/Company)		_
2609 N Forest Ridg	e Blvd., #286		
	(Address)		_
Hernando			
	(City/State and Zip Code)		
For further inforr	nation concerning this	matter, please call	:
Joe Johnson		727 at (687-4829
(Name	of Contact Person)		e & Daytime Telephone Number)
Enclosed please (find a check made paya	ible to the Florida	Department of State for:
☐ \$25 Filing Fee	3	■ \$55 Filin	g Fee & Certified Copy
Mailing Ad	ldress:		Street Address:
_	ion Section		Registration Section
	of Corporations		Division of Corporations
P.O. Box			The Centre of Tallahassee
rananass	ee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR 2E079 (2/14)





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:
2. The Florida document/registration number assigned to this limited liability company is: L22000014746
3. The date this member/manager withdrew/resigned or will withdraw/resign is:
4. I, Cynthia D Johnson , hereby withdraw/resign as a (Print Name of Person Resigning)
(Print Name of Person Resigning)
MGR
(Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing. Am The Market of Marke
Signature of Dissociating Member or Resigning Manager
Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)