## L 22 000 415778

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

Division of Corporations		
SUBJECT: Hi-Tide Electric LLC		
	Limited Liability C	Company)
The enclosed member, resignation or diss	sociation and fee	e(s) are submitted for filing.
Please return all correspondence concern	ing this matter to	o:
Nicholas Anthony Marra		
(Contact Person)		<del>_</del>
Hi-Tide Electric LLC		
(Firm/Company)		
918 Carey Drive		
(Address)		<del></del>
South Daytona, FL 32119		
(City/State and Zip Code)		<u> </u>
For further information concerning this n	natter, please cal	II:
Francene Ann Marra	386 at (	405-0919
(Name of Contact Person)		de & Daytime Telephone Number)
Enclosed please find a check made payab		
□ \$25 Filing Fee	<b>≡ \$</b> 55 Fili	ng Fee & Certified Copy
Mailing Address:		Street Address:
Registration Section		Registration Section
Division of Corporations		Division of Corporations The Centre of Tallahassee
P.O. Box 6327 Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810
rananassee, pl 32314		Tallahassee, FL 32303

CR2E079 (2/14)

TO: Registration Section





## 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)

	e limited liability company a	as it appears on the records of the Florida Department
2. The Florida doc	cument/registration number	assigned to this limited liability company is:
L22000415778		
		esigned or will withdraw/resign is:
4. 1. Prancenc Ann Marra (Print Name of Person Resigning)		, hereby withdraw/resign as a
	Name of Person Resigning)	
AMBR		
	(Print Title)	
of this limited lie resignation in w	• • -	the limited liability company has been notified of my
fromc	nc ann m	lua
Signature of D	dissociating Member or Resi	igning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	