## L22000489049

(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.				
MILL OUT				





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24 DEC 30 AM TOALLMHIASSEE, FL

RECEIVEMBEC 30 PM 2: 48



## **COVER LETTER**

_	stration Section sion of Corporations					
SUBJECT:	96 Nation LLC					
ocean.	(Name of Limited Liability Company)					
The enclosed	d member, resignation or dissoc	ciation and fee(s	s) are submitted for filin	g.		
Please return	all correspondence concerning	g this matter to:				
Cyrus Tookes	IV					
	(Contact Person)		_			
96 Nation LLC	3					
<del></del>	(Firm/Company)		_			
998 Fox Chap	el Lane					
	(Address)		_			
Jacksonville, F	FL. 32221					
	(City/State and Zip Code)	··	~	S	20	
For further in	nformation concerning this mat	tter, please call:		ECRE	2024 DEC 30 PH 2: 48	18 m   1 m
Cyrus Tookes	IV	904 at (	434-0153	AHAA	30	r m
(N	Name of Contact Person)	(Area Code	& Daytime Telephone No	umben 🚉 🚉	βH	
Enclosed ple  ☐ \$25 Filing	ease find a check made payable g Fee	to the Florida D  \$55 Filing	434-0153  & Daytime Telephone No Department of State for: g Fee & Certified Copy	STATE E. FL	2: 48	ار <sub>س</sub> ا

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)

96 N	ation LLC	as it appears on the records of the Florida Department			
of State is:		assigned to this limited liability company is:			
1.33000400040	_				
3. The date this me	ember/manager withdrew/re	w/resigned or will withdraw/resign is: , hereby withdraw/resign as a			
(Print N	y	Y OF STAT			
	(Print Title)	FLATE TO			
resignation in wr	iting.	the limited liability company has been notified of my			
7/000	issociating Member or Res	igning Manager			
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				