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| (Requestor's Name) | | | | | | |
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| (Address) | | | | | | |
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| (City/State/Zip/Phone #) | | | | | | |
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| PICK-UP WAIT MAIL | | | | | | |
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| (Business Entity Name) | | | | | | |
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| (Document Number) | | | | | | |
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| Contillant Coming Contillanton of Status | | | | | | |
| Certified Copies Certificates of Status | | | | | | |
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| Special Instructions to Filing Officer: | | | | | | |
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Office Use Only



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SECRETARY OF STATE

COVER LETTER

| TO: Registration Section Division of Corporations |
|--|
| SUBJECT: Tiki Huts and Bars Unlimited (CC (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: |
| Trent Smith (Contact Person) |
| T: Ki Hute & Bars Unlimited (Firm/Company) |
| Tensen Beach FC 34957 (City/State and Zip Code) For further information concerning this matter, please call: |
| Jensen Beach FC 34957 (City/State and Zip Code) |
| For further information concerning this matter, please call: |
| Trent Smith at (772) 265-2227 (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 |
| Mailing Address:Street Address:Registration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP. O. Box 6327The Centre of Tallahassee |

2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)

P.O. Box 6327

Tallahassee, FL 32314



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 li | mited liability company a | s it appears on the records | of the Florida | a Depar | tment |
|--------------------------------|--|-------------------------------|----------------|--------------------|--|
| | | Bars Unlimit | | | · |
| 2. The Florida docur | nent/registration number a | assigned to this limited liab | ility compan | y is: | |
| <u> L230000</u> | 141925 | · | | | |
| 3. The date this men | nber/manager withdrew/re | signed or will withdraw/re | sign is: | <u>, i .</u> | 24 |
| | | , hereby withdraw/rc | | | |
| <u> </u> | aget Print Hille) | | | | |
| | | the limited liability compar | ıy has been n | otified. | of my |
| resignation in write | Rena | Managur | TALLA | SECRETARY OF STATE | ************************************** |
| Signamre of Dis | sociating Member or Resi | iguing terangger | HASS | 30 F | |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | | 25. FL |)F STATE | |