L23000112911

(Re	equestor's Name)	
(Ác	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bı	usiness Entity Nar	ne)
(Do	ocument Number)	ı
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
	Mill	
	Office Use On	ilv



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COVER LETTER

TO: Regi	istration Section		
Divi	sion of Corporations		
SUBJECT:	ARCTIC ACES, LLC		
	(Name of I	Limited Liability C	Company)
The enclosed	d member, resignation or disse	ociation and fee	e(s) are submitted for filing.
Please return	all correspondence concerning	ng this matter to	o:
TIMOTHY SO	COTT		
	(Contact Person)		
ARCTIC ACE	S LLC		
	(Firm/Company)		
522 RANCH R	ND .		
	(Address)		,
TARPON SPR	INGS, FLORIDA 34688		
	(City/State and Zip Code)		_
For further in	nformation concerning this ma	atter, please call	l :
BRANDY SCO	OTT	813 at (713-2383
(Na	ame of Contact Person)		le & Daytime Telephone Number)
Enclosed plea	ase find a check made payable	to the Florida	Department of State for:
□ \$25 Filing	; ree	■ \$55 Filir	ng Fee & Certified Copy
N 4112	_ A JJ.,		
Regis	g Address: tration Section		Street Address: Registration Section
	ion of Corporations		Division of Corporations
	Box 6327		The Centre of Tallahassee
Tallah	nassee, FL 32314		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)

1. The name of the	e limited liability company as it appears on the records of the Florid	a Denartment
of State is: ART	TIC ACES LLC	
2. The Florida doc L23000112911	ument/registration number assigned to this limited liability compan	y is:
		L-3
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:	-2023
4.1, Anne	Maye Dien , hereby withdraw/resign as a	. 2
10.8 -	dame of Ferson Resigning)	: :
<u> </u>	OXY.	
	(Point Title)	
of this limited lia resignation in wr	bility company and affirm the limited liability company has been no iting.	otified of my
I drue v	Marie Biell	
Signature of Di	ssociating Member or Resigning Manager	
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	



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 of State is:	liability company as it appears on the records of the	Florida Department
	gistration number assigned to this limited liability co	ompany is:
3. The date this member/ma 4. I, Anne May (Print Name of Per	nager withdrew/resigned or will withdraw/resign is: the best of t	10-23-2023
Manager (Home Title)		
of this limited liability com- resignation in writing.	pany and affirm the limited liability company has b	een notified of my
Signature of Dissociating	Member or Resigning Manager	
Filing Fee: \$25.00	(Required)	

\$25.00 (Required) \$30.00 (Optional)

Certified Copy: