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COVER LETTER

Division of Corporations WILDCATS YOUTH FOOTBALL, LLC SUBJECT: (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: GERHARD HAAS (Contact Person) WILDCATS YOUTH FOOTBALL, LLC (Firm/Company) 2846 LARKSPUR RD, (Address) DELAND, FL 32724 (City/State and Zip Code) For further information concerning this matter, please call: GERHARD HAAS 386 (Name of Contact Person) (Area Code & Davtime Telephone Number) Enclosed please find a check made payable to the Florida Department of State for: ■ \$25 Filing Fee □ \$55 Filing Fee & Certified Copy Mailing Address: Street Address: Registration Section Registration Section Division of Corporations Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

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)

	limited liability company as it appears on the records of the Florida Department OCATS YOUTH FOOTBALL, LLC
2. The Florida doc 1.23000381359	ument/registration number assigned to this limited liability company is:
	ember/manager withdrew/resigned or will withdraw/resign is: MARCH 13, 2024
4. 1. JILL SHELDON	. hereby withdraw/resign as a large of Person Resigning)
MANAGING ME	EMBER (MGRM)
·	(Print Title)
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.
Cist S	issociating Member or Resigning Manager
Signature of D	issociating Member or Resigning Manager
	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)