M08000000568

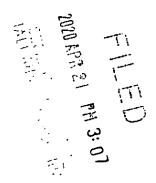
(December 1 News)					
(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Dusiness Entity Name)					
(Document Number)					
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Special Instructions to Filing Officer:					
Opecial instructions to 1 mily officer.					
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APR 2 1 2020 I ALBRITTON

COVER LETTER

то:	-	stration Section ion of Corporations				
41111111		Cloud Surfer Leasing LLC				
SUBJI	ec i:	(Name of Limited Liability Company)				
The en	closed	l member, resignation or dis	sociation and fee	(s) are submitted for filing.		
Please	return	all correspondence concern	ing this matter to	:		
Robert I	ryce-J	ones				
	•	(Contact Person)				
Cloud S	urfer L	easing LLC				
_		(Firm/Company)				
604 Spri	uce Cre	ek Rd				
		(Address)		<u> </u>		
St Johns	.FL 3:	2259				
		(City/State and Zip Code)		_		
For fur	ther in	formation concerning this n	natter, please call	:		
Robert F	ryce-Jo	ones	904 at (521-8400		
	(Na	ame of Contact Person)		e & Daytime Telephone Number)		
Enclose ■ \$25		ase find a check made payab Fee		Department of State for: g Fee & Certified Copy		
	Regis Divisi P.O. I	g Address: tration Section ion of Corporations Box 6327 nassee, FL 32314		Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		

Letter Number: 920A00005679

2020 / 20.21 1110: 54

FLORIDA DEPARTMENT OF STATE Division of Corporations

March 14, 2020

ROBERT PRYCE-JONES 604 SPRUCE CREEK RD ST. JOHNS, FL 32259

SUBJECT: CLOUD SURFER LEASING, LLC

Ref. Number: M08000000568

We have received your document for CLOUD SURFER LEASING, LLC and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document is illegible and not acceptable for imaging.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Irene Albritton Regulatory Specialist II

www.sunbiz.org

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DISSOCIATION OR RESIGNATION OF MEMBER, MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

(Pursuant to 605.0216, Florida Statutes)

	limited liability company a	as it appears on the records of the l	Florida Department
2. The Florida doct	ument/registration number	assigned to this limited liability co	mpany is:
3. The date this me	ember/manager withdrew/re	esigned or will withdraw/resign is:	20 Jun 2017
Cubian Dayon Is		, hereby withdraw/resign as	
(Print N Manager/Memb	•		
	(Print Title)	,	
of this limited lia resignation in wr	itino /	the limited liability company has b	een notified of my
Signature of D	issociating Member or Res	signing Manager	
	\$25.00 (Required) \$30.00 (Optional)		