

	(Requestor's Name)	
	(Address)	
	(Address)	
	(City/State/Zip/Phone #)	
PICK-C	JP WAIT MAIL	
·	(Business Entity Name)	
	(Document Number)	
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		
L. SELLERS		



800196025908

03/01/11--01002--014 **270.00

(8)

Office Use Only

MAR - 2 2011

EXAMINER



COVER LETTER

SUBJECT: SKINNY DIPPER CRUISES, LLC		
SUBJECT: SKINNY DIPPER CRUISES, LLC Name of Limited Liability Company		
DOCUMENT NUMBER: L0700002008		
The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.		
Please return all correspondence concerning this matter to the following:		
Mary Beth Meyers, CPA Name of Person		
Name of Person		
Ward & Meyers, LLC		
Name of Firm/Company		
3201 Flagler, Avenue, Suite 506 Address		
Addivas		
Key West, FL 33040 City/State and Zip Code		
marybeth@wardandmeyerscpa.com E-mail address: (to be used for future annual report notification)		
For further information concerning this matter, please call:		
Mary Beth Meyers at (305) 293-0265, ext 2# Name of Person Area Code & Daytime Telephone Number		
Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.		

MAILING ADDRESS:

Amendment Section Division of Corporations

TO:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of sec	tion 608.416(2) or 608.509, Florida Statu	ites, the undersigned,
Marv Bet	h Meyers, CPA	hereby resigns as
Name of	Registered Agent	,,
Registered Agent for	SKINNY DIPPER CRU	ISES, LLC
	Name of Limited Liability Company	
L0700000200	8	
Document Number, if k	nown	
A copy of this resignation was m	ailed to the above listed limited liability	company at its last known address.
The agency is terminated and the	office discontinued on the 31st day after	r the date on which this statement is filed
If signing on behalf of an entity:	Signature of Resigning Agent	
	Typed or Printed Name	
	Capacity	

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/ voluntarily dissolved/ withdrawn limited liability company

Make checks payable to Florida Department of State and mail to: **Division of Corporations** P.O. Box 6327 Tallahassee, FL 32314

