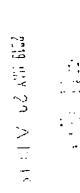


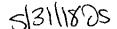
(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				





05/23/10 -01013--004 (4027.06





COVER LETTER

	Registration Section Division of Corporations		
SUBJEC			
	(Name of Limited	Liability Co	impany)
The encl	losed member, resignation or dissociatio	n and fee((s) are submitted for filing.
Please re	eturn all correspondence concerning this	matter to:	:
Kevin F	. Richardson		
	(Contact Person)		
Clyatt, I	Richardson & Ryan, P.A.		
	(Firm/Company)		_
1401 F	orum Way, Suite 720		
	(Address)	•	⊸ •
West P	alm Beach, FL 33401		_
	(City/State and Zip Code)		_
For furth	her information concerning this matter, p	olease call	; ;
Kevin F	F. Richardson at	561	471-9600
			le & Daytime Telephone Number)
	d please find a check made payable to th filing Fee		Department of State for: ng Fee & Certified Copy
Registra Division Clifton I 2661 Ex	T/COURIER ADDRESS: ation Section of Corporations Building secutive Center Circle asee. Florida 32301		MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2F079 (2/14)



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	s it appears on the records of the Florida Department
of State is:	S Maritime, LLC	
2. The Florida doc	_	ssigned to this limited liability company is:
3. The date this me	ember/manager withdrew/res	signed or will withdraw/resign is: 4-1-2018.
4. I. Clyde H. Seaton, Jr. (Print Name of Person Resigning)		, hereby withdraw/resign as a
(Print)	Name of Person Resigning)	
MGR		
	(Print Title)	
	· · ·	ne limited liability company has been notified of my
resignation in w	riting.	` <u>.</u>
1111	(_	·
	16-1	1.7
Signature of D	gning Manager S	
	·	> .
Filing Fee:	\$25.00 (Required)	-,
Certified Copy:	\$30.00 (Optional)	**