

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	y/State/Zip/Phon	e #)		
PICK-UP	☐ WAIT	MAIL		
(Bu	siness Entity Na	me)		
(Document Number)				
Certified Copies	_ Certificate	s of Status		
Special Instructions to Filing Officer:				
		:		

Office Use Only



900253561809

1177773256355148413.00

2813 NOY -7 PH 12: 47

B. BOSTICK
NOV - 8 2013
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Torida Key. (Name of Limited L	S Fisherman iability Company)
The enclosed member, managing member or man filing.	ager resignation and fee(s) are submitted for
Please return all correspondence concerning this i	natter to:
Candace Turner (Contact Person)	
Florida Key & Fisher (Firm/Company)	man LLC
102900 Overseas Hwy (Address)	Ste 5 PALLAHASS
Hey Largo, FL 330 (City/State and Zip Code)	37 ease call:
For further information concerning this matter, pl	ease call:
(Name of Contact Person) at (• • • • • • • • • • • • • • • • • • • •
Enclosed please find a check made payable to the \$25 Filing Fee	Florida Department of State for: \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	mited liability company as it Florida Keys	* *	-	rtment
2. This limited liability	ty company was organized u	under the laws of:	2613 NOV - J Jacultán Ass Tallahass	**************************************
3. The Florida docum	nent/registration number of t OOU 31060	his limited liability company 	/ is: 0RIGS	•
4.1, <u>Jorge</u>	T. Amador ne of Person Resigning)			
of this limited liabi	lity company and affirm the ng.	limited liability company ha	s been notified	of my
Signature of Resign	ning Member, Managing Me	mber or Manager		
Filing Fee: Certified Copy:	· - ·			