

L13000100946

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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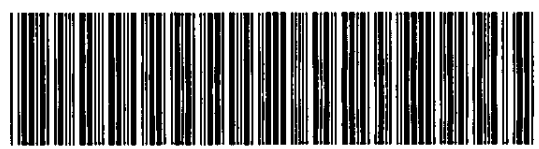
(Business Entity Name)

(Document Number)

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STATEMENT OF SERVICE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
MAR 22

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Shore Mobile Marine Service LLC  
Name of Limited Liability Company

Dear Sir or Madam:

The enclosed Statement of Termination and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christopher Caschera

Name of Person

Shore Mobile Marine Service, LLC

Firm/Company

22 Ulysses Tr.

Address

Palm Coast, Fl. 32164

City/State and Zip Code

ljncaschera@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Christopher Caschera at ( 386 ) 237-8618

Name of Person

Area Code Daytime Telephone Number

**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

KS  
3/15

**STATEMENT OF TERMINATION**

Pursuant to section 605.0709(7), Florida Statutes, I hereby submit the following Statement of Termination:


**FIRST:** The name of the limited liability company is: Shore Mobile Marine Service LLC

**SECOND:** The Florida Document number of the limited liability company is: L13 000100946

**THIRD:** The date of filing of the initial articles of organization is: 7-16-13

**FOURTH:** The date of filing of the dissolution is: 3-15-16

**FIFTH:** This limited liability company has completed winding up its activities and affairs and has determined that it will file a statement of termination.

 Christopher Caschera  
Signature of Authorized Representative      Typed or printed name of signature

Filing Fee: \$25.00  
Certified Copy: \$30.00 (optional)

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