

L16000117623

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

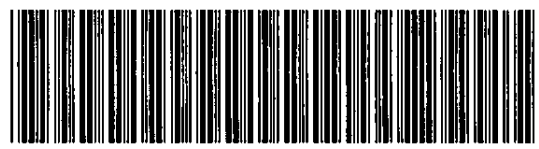
(Document Number)

Certified Copies _____ Certificates of Status _____

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06/22/16--01007--007 **25.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2016 AUG - 1 PM 4: 08

FILED

K. SALY
EXAMINER

AUG 2



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 23, 2016

ABDULSELAM ERGIN COLAK
8326 VIA BELLA NOTTE
ORLANDO, FL 32836

SUBJECT: SEADROP LLC
Ref. Number: L16000117623

2016 JUL - 8 AM 10:51
CORPORATION STATE OF FLORIDA
TALLAHASSEE, FLORIDA

We have received your document for SEADROP 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):

We are enclosing the proper form(s) with instructions for your convenience.

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) 245-6051.

Karen A Saly
Regulatory Specialist II

Letter Number: 516A00013298

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SEADROP LLC
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

HAKTAN Y. KILIC
(Contact Person)

SEADROP LLC
(Firm/Company)

1105 Heavenly Cove
(Address)

Winter Park FL 32792
(City/State and Zip Code)

For further information concerning this matter, please call:

Haktan Kilic at (305) 680 7142
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

- \$25 Filing Fee \$55 Filing Fee & Certified Copy

Paid

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



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2016 AUG -1 PM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 limited liability company as it appears on the records of the Florida Department of State is: SEADROP LLC

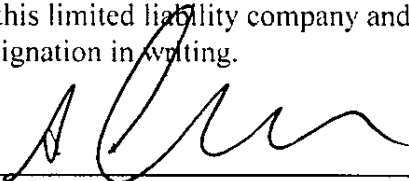
2. The Florida document/registration number assigned to this limited liability company is:
L 160001176 23

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 6-30-16

4. I, Abdulselam E Colak, hereby withdraw/resign as a
(Print Name of Person Resigning)

AMBE
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.



Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)
Certified Copy: \$30.00 (Optional)