

L16000117623

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

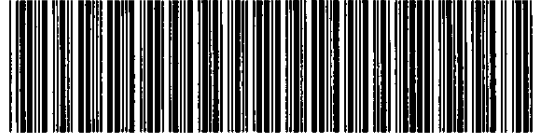
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2016 AUG 18 A 10:00

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AUG 19 2016  
D. BRUCE

**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 KILIC  
(Contact Person)

SEADROP LLC  
(Firm/Company)

1405 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

**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

2016 AUG 18 A 10:00  
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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:  
L16000117623

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 08/15/2016

4. I, MUSTAFA KALAYCI, hereby withdraw/resign as  
*(Print Name of Person Resigning)*

MEMB  
*(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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
2016 AUG 18 AM 10:00  
FILED

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