L20000373052

(Req	uestor's Name)	
(Addi	ress)	
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!City!	/State/Zip/Phone	- #)
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PICK-UP	☐ WAIT	MAIL
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DISSOCIALSIAN

MENDER

03/10/21

COVER LETTER

TO: Registration Section	
Division of Corporations	m g
SUBJECT: 44 Marine Ser (Name of Limi	ted Liability Company)
The enclosed member, resignation or dissocia	ation and fee(s) are submitted for filing.
Please return all correspondence concerning	his matter to:
William K. Quick (Contact Person)	
44 Marine Services (Firm/Company)	LLC.
6545 W. Gulf-to Lake	Hwy
Crystcal River, FL. 34L (City/State and Zip Code)	129
For further information concerning this matte	er, please call:
(Name of Contact Person)	at (727) 643-0084 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	o the Florida Department of State for: \$\sum \\$55 \text{Filing Fee & Certified Copy}\$
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810

Tallahassee, FL 32303

CR2E079 (2/14)

Tallahassee, FL 32314



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 a	
of State is: 44 Marine Gervic	es, llc.
2. The Florida document/registration number assign	ned to this limited liability company is:
L20000373052	<u>_</u> .
3. The date this member/manager withdrew/resigned	ed or will withdraw/resign is: 01-12 202
4. 1. Willi Cum M. Quick. (Print Name of Person Resigning)	_, hereby withdraw/resign as a
Title AMG2 (Print Title)	
of this limited liability company and affirm the line resignation in writing.	nited liability company has been notified of my
Willow Quet	
Signature of Dissociating Member or Resigning	z Manager
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	
	FIL MI JAN 12
CR2E079 (2/14)	P 2