## h21000262503

(Requestor's Name)
(Address)
(Address)
, ,
(City/State/Zip/Phone #)
(etty-etato-z.pr. none n)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



600368903606

07/14/21--01027--003 \*\*55.00



Rosmation

AUG 0 2 2021

## **COVER LETTER**

TO: Registration Section Division of Corporations	•
Deep Beneath Dive Services, LLC SUBJECT:	
(Name of Limite	ed Liability Company)
The enclosed member, resignation or dissociat	tion and fee(s) are submitted for filing.
Please return all correspondence concerning th	his matter to:
John Taglienti	
(Contact Person)	
Deep Beneath Dive Services	
(Firm/Company)	
2420 Case Lane	
(Address)	
Norht Fort Myers FL, 33917	
(City/State and Zip Code)	
For further information concerning this matter,	, please call:
John Taglienti	239 257-8247 at ( )
(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to	the Florida Department of State for:
<b>— -</b>	■ \$55 Filing Fee & Certified Copy
Mailing Address:	Street Address:
Registration Section Division of Corporations	Registration Section Division of Corporations
P.O. Box 6327	The Centre of Tallahassee
Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810
	Tallahassee, FL 32303





## 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: Deep 1	Beneath Dive Services, LLC
2. The Florida docu L21000262503	ment/registration number assigned to this limited liability company is:
3. The date this men	mber/manager withdrew/resigned or will withdraw/resign is: 6/14/2021
4. I. Cherne (Print No	hereby withdraw/resign as a ame of Person Resigning)
Title Manager	
	Print Titlej
of this limited liab resignation in wri	oility company and affirm the limited liability company has been notified of my ting.
Signature of Dis	sociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)