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8/17/2

COVER LETTER

Division of Corporations PRIVATE SAILING RENT LLC SUBJECT: (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: ZAIRYS HUERTA CADIZ (Contact Person) PRIVATE SAILING RENT LLC (Firm/Company) 7495 Sunset Dr (Address) MIAMI, FL, 33143 (City/State and Zip Code) For further information concerning this matter, please call: at (_____)
(Area Code & Daytime Telephone Number) ZAIRYS HUERTA CADIZ (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: S25 Filing Fee ☐ \$55 Filing Fee & Certified Copy Mailing Address: Street Address; Registration Section Registration Section **Division of Corporations** Division of Corporations P.O. Box 6327 The Centre of Tallahassee Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

TO:

Registration Section



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: PRI	VATE SAILING RENT LLC.
2. The Florida does L21000307307	ment/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:08/02/2021
4. I. Federico Mora	otero, hereby withdraw/resign as a ame of Person Resigning)
MGR	wife of the southers and the southers are the southers and the southers are the southers ar
	Print Title)
of this limited liab resignation in wri	bility company and affirm the limited liability company has been notified of my ting.
Signature of Di	ssociating Member or Resigning Manager
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)