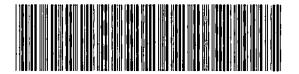
## M21000014022

(a)		
(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP WAIT MAIL		
(Business Entity Name)		
(Document Number)		
Certified Copies Certificates of Status		
Special Instructions to Filing Officer:		
<u></u>		





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## **COVER-LETTER**

<b>TO:</b> Registration Section Division of Corporations	
COVE MARINA HOLDING LLC SUBJECT:	
(Name of Lin	nited Liability Company)
The enclosed member, resignation or dissoc	iation and fee(s) are submitted for filing.
Please return all correspondence concerning	this matter to:
HUMBERTO TRUJILLO	
(Contact Person)	
COVE MARINA HOLDING LLC	
(Firm/Company)	· <del></del>
430 GRAND BAY DRIVE UNIT 502	
(Address)	
KEY BISCAYNE, FL 33149	
(City/State and Zip Code)	
For further information concerning this mat	ter, please call:
MARTHA FERNANDEZ	786 368-5521 at ( )
(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
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 81

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 of State is:  COVE MARINA HOLDING LLC	the Florida Department
2. The Florida document/registration number assigned to this limited liabilit M21000014022	ty company is:
3. The date this member/manager withdrew/resigned or will withdraw/resig  4. I,   MARTHA FERNANDEZ  (Print Name of Person Resigning)  MGR	·
of this limited liability company and affirm the limited liability company la resignation in writing.  Signature of Dissociating Member-or-Resigning Manager	nas been notified of my
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)	