1. 609 000068427

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

Office Use Only



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S. HAWKES

AUG 4 2009

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJ	ECT: SERVICIOS NAUTICOS L	,	
	(Name of L	imited Liability C	ompany)
The enfiling.	·	or manager res	ignation and fee(s) are submitted for
Please	e return all correspondence concerni	ng this matter to	o :
KURT	ΓD HALL		
	(Contact Person)		
SOUT	THERN MARITIME SUPPLY CO	LLC	
	(Firm/Company)		
884 N	MARINA DRIVE		
	(Address)		_
WEST	ΓΟN, FL. 33327		
	(City/State and Zip Code)		
For fu	rther information concerning this ma	atter, please call	l:
KURT	D HALL	954	, 302-2398
	(Name of Contact Person)		e & Daytime Telephone Number)
Enclos	sed please find a check made payable		Department of State for: \$55 Filing Fee & Certified Copy
	ET/COURIER ADDRESS:		MAILING ADDRESS:
	ration Section		Registration Section
	on of Corporations		Division of Corporations
	i Building Executive Center Circle		PO Rox 6327
	assee, Florida 32301		Tallahassee, Florida 32314

CR7E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS



RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

	limited liability company as		of the Florida Department
2. This limited liab	oility company was organized	under the laws of:	
3. The Florida doc L0900006842	ument/registration number of 27	this limited liability com	pany is:
4. I, SOUTHERN	MARITIME SUPPLY CO L	LC , hereby resign as a	MANAGER (Print Title)
	bility company and affirm the		
Signature of Res	igning Member, Managing M	ember or Manager	
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		