

(Re	equestor's Name)	
(Ad	dress)	,
(Ad	dress)	·
(Cit	ty/State/Zip/Phon	e #)
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2014 FES 24 P to 32

B. BOSTICK
FEB 2 5 2014
EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Martin E	bility Company)
The enclosed member, managing member or managiling.	ger resignation and fee(s) are submitted for
Please return all correspondence concerning this m	atter to:
Alberto J. Martin (Contact Person)	
Martin Boats 2	-LC
3510 Suncrest Roa (Address)	
Lake Worth FL (City/State and Zip Code)	, T. U
For further information concerning this matter, plea	ase call:
Alberto J. Martin at (Name of Contact Person) at (Al	, war
Enclosed please find a check made payable to the F \$25 Filing Fee	lorida Department of State for: ☐ \$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the of State is:	limited liability company as it appears on the record	s of the Florida Department
2. This limited liab	ility company was organized under the laws of:	
	ment/registration number of this limited liability cor 00024863	npany is:
4.1, Alber	to J. Martin, hereby resign as a ame of Person Resigning)	Manacer (Print Title)
	ility company and affirm the limited liability compa	
Signature of Resigning Member, Managing Member or Manager		
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)	