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| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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COVER LETTER

| Division of Corporations | | | | |
|--|--|--|--|--|
| SUBJECT: CRC MARINE LLC (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: | | | | |
| Jacques Claudio Stivelman | | | | |
| /////Company) | | | | |
| 1888/ NE 29th Ave Suite 1011 | | | | |
| Aventura FL 33180 (City/State and Zip Code) | | | | |
| For further information concerning this matter, please call: | | | | |
| Angela Amicola at (786) 279 0526 (Name of Contact Person) (Area Code & Daytime Telephone Number) | | | | |
| Enclosed please find a check made payable to the Florida Department of State for: \$\sum \\$25 \text{ Filing Fee} \sum \\$55 \text{ Filing Fee & Certified Copy}\$ | | | | |
| STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 | | | | |

Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle

Tallahassee, Florida 32301



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)

| | limited liability company as | • • | cords of the Florida Department |
|---|--|------------------------|--|
| 2. The Florida docu | ıment/registration number as | ssigned to this limite | ed liability company is: |
| _L1600 | | | |
| 3. The date this me | (AR) mber/manager withdrew/res | igned or will withdr | aw/resign is: 10/2.4/16 |
| 4. I, <u>Marcos</u> | SDA S¦lva Jame of Person Resigning) | | • |
| Authorize | od Represonative. (Print Title) | | |
| of this limited lial resignation in wr | | e limited liability co | ompany has been notified of my |
| Signature of Di | ssociating Member or Resig | ning Manager | - |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | | FILED 2818 NOV -7 A III: SCRETARY OF STA |