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SECRETAR PAR STATE



TRANSMITTAL LETTER

TO: Amendment Section Division of Corpor	n ations	•	
SUBJECT: B&H BOAT	COMPANY, LLC		
	(Name of Limited I	Liability Company)	<u> </u>
DOCUMENT NUMBER	: L020000029508		
		Limited Liability Company	and fee are submitted
Please return all correspon	dence concerning this mat	tter to the following:	
Brenda Carter			
(Na	me of Person)		2 Z
National Cornerate Doc	onesh Ita		2006 APR 21 PM 12: 09
National Corporate Res	of Firm/Company)		- 7 25
(Name C	it rittir Company)		2
615 South DuPont High	iway	•	21 PH 12:
-	(Address)		7 7 7
D' DE 40004			Ö
Dover, DE 19901	ate and Zip Code)		
, -	• •		
For further information co	ncerning this matter, pleas	se call:	
Brenda Carter		300 、483-1140	•
(Name of P	erson) at (8	300 483-1140 rea Code & Daytime Telephor	ie Number)
Ç	(•	,
Enclosed is a check made liability company or \$25.0 liability company.	payable to the Florida Dep 0 for an administratively d	partment of State for \$85.00 dissolved, voluntarily dissolved	for an active limited /ed or withdrawn limited
Mailing Address: Amendment Section Division of Corporations P.O. Box 6327 Tallabassee FL 32314	Street Address Amendment Se Division of Cot 409 E. Gaines S	ection rporations Street	

TO:

M

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provision	ns of section 608.416(2) or 608.509, Florida Stati	ites, the undersigned,		
NATIONAL CORPORATE RESEARCH, LTD.			, hereby resigns as		
	(Name of Registered Age	•			
Registered Agent forE	3&H BOAT COMP	PANY, LLC			
•					
-	(Name of Lin	nited Liability Company)			
L020000029508					
(Document Num	ber, if known)		•		•*
A copy of this resignation	on was mailed to the a	bove listed limited liability	company at its last known a	iddress.	
The agency is terminated	d and the office discor	ntinued on the 31st day afte	r the date on which this stat	ement is f	iled.
	Wayhe	La fauelli ature of Resigning Agent)			
If signing on behalf of a	n entity:				
	Wayne Rafanell			200	် (၁)
	T)	yped or Printed Name)		2006 APR 2	SEC
•	Vice President		•	ž	ಿಗೆ
		(Capacity)		2	A
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) and the second		0.0	್ತೆಗ
	<u>FILING</u> \$ 85.00	<u>FEES:</u> Active limited liability or	nmnanv	w	
	\$ 25.00	Administratively dissolve withdrawn limited liability	ompany ed/voluntarily dissolved/ ity company		·

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314