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## **COVER LETTER**

TO:

CR2E079 (2'14)

Registration Section

Division of Corporations MAYPORT CLASSICS, L.L.C. SUBJECT: (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: Donald Sasser (Contact Person) (Firm/Company) 2237 W. Oceanwalk Drive (Address) Atlantic Beach, FL 32233-4576 (City/State and Zip Code) For further information concerning this matter, please call: Donald Sasser at (904) 234-5941 (Area Code & Daytime Telephone Number) (Name of Contact Person) Enclosed please find a check made payable to the Florida Department of State for: □ \$25 Filing Fee ■ \$55 Filing Fee & Certified Copy STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section Division of Corporations Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, Florida 32314 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 PORT CLASSICS, L.L.C	it appears on the records of	the Florida Department	
2. The Florida docu L0300002558	-	ssigned to this limited liabili	ty company is:	
3. The date this me	mber/manager withdrew/res	igned or will withdraw/resig	n is:	
4. I. (Print Name of Person Resigning)		, hereby withdraw/resig	_, hereby withdraw/resign as a	
(Print No.) Managing Me				
	Print Title)			
of this limited liab resignation in wri	- · · · · · · · · · · · · · · · · · · ·	e limited liability company l	has been notified of my	
	Elen I		2018 J	
Signature of Di	ssociating Member or Resig	ning Manager	2018 JUL -2	
	\$25.00 (Required) \$30.00 (Optional)			