Florida Department of State Division of Corporations Electronic Filing Cover Sheet

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(((H120002339593)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : INCORPORATING SERVICES FL

Account Number: I20050000052 Phone : (302)531-0855

: (850)656-7953

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Email Address:

LLC REGISTERED AGENT RESIGNATION PRELUDE MARINE YACHTS LLC

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A. LUNT

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COVER LETTER

Division of Corporations	
SUBJECT: PRELUDE MARINE YACHTS LLC (Name of Limited Liability Compar	nv)
DOCUMENT NUMBER: L04000049589	• • • • • • • • • • • • • • • • • • • •
DOCOMENT NUMBER:	
The enclosed Resignation of Registered Agent for a Limited Liabili for filing.	ty Company and fee are submitted
Please return all correspondence concerning this matter to the follow	wing:
TUNISHA SCOTT	
(Name of Person)	Fo Z
INCORPORATING SERVICES, LTD.	7 2 3 7 7
(Name of Firm/Company)	25 T
3500 S. DUPONT HWY	m-<
(Address)	
DOVER, DE 19901	
(City/State and Zip Code)	Town
For further information concerning this matter, please call:	
TUNISHA SCOTT at (302) 531.0 (Area Code & Day)	0855
(rand or resour) (rand code at Day	mine resisting resimost)
Enclosed is a check made payable to the Florida Department of Stat liability company or \$25.00 for an administratively dissolved, volumented liability company.	te for \$85,00 for an active limited ntarily dissolved or withdrawn

MAILING ADDRESS:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provis	tions of section 608.416(2) or 608.509, Florida Statutes,	the undersigned,	
INCORPORATII		reby resigns as	
	(Name of Registered Agent)	. <u>S</u> co	2012
Registered Agent for	PRELUDE MARINE YACHTS LLC		
_		きた	38
	(Name of Limited Liability Company)	S S S S S S S S S S S S S S S S S S S	32
L04000049589		Line Line	2
(Document Nu	mber, if known)	<u> </u>	\$
A copy of this resigns	ation was mailed to the above listed limited liability com	pany at its last known addres	መ ገ s, ፍ ን
The agency is termina	graded and the office discontinued on the 31st day after the	date on which this statement	is filed
If signing on behalf o	f an entity:		
	CANDICE B. SWETLAND		
	(Typed or Printed Name)		
	ASSISTANT SECRETARY		
	(Capacity)		

FILING FEES: \$ 85.00 Activ \$ 25.00 Admi Active limited liability company
Administratively dissolved/voluntarily dissolved/
withdrawn limited liability company

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