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Office Use Only

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FILED SECRETARY OF STATE DIVISION OF CORPORATION

## **COVER LETTER**

**TO:** Registration Section Division of Corporations

Tallahassee, Florida 32301

CR2E079 (5/06)

...

SUBJECT: Charlie's Docks LLC (Name of Limited Liability Company)					
Please return all correspondence concerning this matter to:					
Roland Boulanger (Contact Person)					
Charlie's Docks uc					
143 Highland Park Rd					
Apalachicola, E 32320 (City/State and Zip Code)					
For further information concerning this matter, please call:					
Roland Soulanger at (850) 653 2299  (Name of Contact Person) (Area Code & Daytime Telephone Number)					
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: Registration Section Division of Corporations Clifton Building P.O. Box 6327 2661 Executive Center Circle  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314					



## 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 lin of State is:	mited liability company as it ap narrie's Docks LL	pears on the records o	of the Florida Depa	artmer	nt
2. This limited liabili Floria	ty company was organized und	er the laws of:			
	nent/registration number of this	limited liability comp	oany is:		
4. I, Roland (Print Nam	Boulanger ne of Person Resigning)	, hereby resign as a _	MGR M (Print Title)		
of this limited liabil resignation in writi	lity company and affirm the limng.	ited liability company	has been notified	l of m	y .
Roane	9 F Bowar	iga_		DB APR	SECRETIVISION O
Signature of Resign	ning Member, Managing Memb	er or Manager	•	 #	FILED ARY OF CORP
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			AM 11: 03	STATE