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(Re	equestor's Name)	
. (Ad	ldress)	
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(Cit	ty/State/Zip/Phone #	f)
PICK-UP	☐ WAIT	MAIL .
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(Do	cument Number)	· · · ·
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03/07/07--01022--012 **35.00

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Allied Yacht a Traw (Name of Limited Liability Comp	any)
The enclosed member, managing member or manager resignatiling.	ation and fee(s) are submitted for
Please return all correspondence concerning this matter to:	
Tabert Great (Contact Person)	
Gulet, Perry, Gulet CIAS & Co	
50 Kind St #303 (Address)	·
Strond FL 34694 (City/State and Zip Code)	SECRETAL TALLAHASS
For further information concerning this matter, please call:	
Bill Heasty at (772) (Name of Contact Person) (Area Code &	Daytime Telephone Number)
Enclosed please find a check made payable to the Florida De \$25 Filing Fee \$5	partment of State for: 5 Filing Fee & Certified Copy
Registration Section R Division of Corporations	AAILING ADDRESS: Registration Section Division of Corporations O.O. Box 6327

07 MAR 19 AM 8: 50

Tallahassee, Florida 32314

CR2E079 (5/06)

2661 Executive Center Circle Tallahassee, Florida 32301



March 8, 2007

ROBERT E GUEST GUEST PEAVY GUEST CPA'S & CO 50 KINDRED STREET, STE 303 STUART, FL 34994

SUBJECT: ALLIED YACHT & TRAWLERS, LLC

Ref. Number: L05000080557

We have received your document for ALLIED YACHT & TRAWLERS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas Document Specialist

Letter Number: 607A00016566



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 of State is:	limited liability company a	as it appears on the records of Trawby UC	of the Florida De	partment
	ility company was organized. of Florida	ed under the laws of:	ĪĀ	. S
3. The Florida docu	ment/registration number	of this limited liability comp	pany is:	FILED 17 MAR 19 AI SECRETARY &
(Print No	ame of Person Resigning)	, hereby resign as a the limited liability company	(Print Tit g)	To So.
resignation in wri	ting.			
Filing Fee: Certified Copy:	gning Member, Managing \$25.00 (Required) \$30.00 (Optional)	Member or Manager	÷	