

205000107167

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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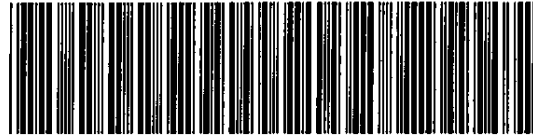
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TALLAHASSEE, FLORIDA

9-12  
Chest

## COVER LETTER

**TO:** Amendment Section  
Division of Corporations

**SUBJECT:** Boat Doctor LLC

(Name of Corporation)

**DOCUMENT NUMBER:** L05000107167

The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Nancy Fedison

(Name of Person)

Boat Doctor LLC

(Name of Firm/Company)

177 N. US Hwy ONE

(Address)

Teguesta, FL 33469

(City/State and Zip Code)

For further information concerning this matter, please call:

Nancy Fedison

at ( 561 ) 596-1915

(Name of Person)

(Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

**Street Address:**

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

**Mailing Address:**

Amendment Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

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06 SEP 11 AM 8:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 23, 2006

NANCY FEDISON  
177 N US HWY ONE  
TEQUESTA, FL 33469

SUBJECT: BOAT DOCTOR LLC  
Ref. Number: L05000107167

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06 SEP 11 AM 8:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

We have received your document for BOAT DOCTOR 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 or 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: 306A00051858



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

**RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER**

I, Nancy Pearson, hereby resign as MGRM  
(Title)

of Bart Doctor LLC  
(Limited Liability Company)

a limited liability company organized under the laws of the State of FLORIDA

and affirm that the limited liability company has been notified in writing of the resignation.

N. P. E.  
(Signature of resigning manager, managing member or member)

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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**FILING FEE IS \$25.00**

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