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| (Requestor's Name) |
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| |
| (Address) |
| |
| (Address) |
| |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| · |
| (Business Entity Name) |
| (Document Number) |
| (Document Number) |
| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
| Special instructions to 1 lining Officer. |
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Office Use Only



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SECRETARY OF STATE
FAIL AHASSEE, FLORIDA

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COVER LETTER

| TO: Registration Section Division of Corporations | | |
|---|---|-------|
| SUBJECT: ALPHA MARINE LLC | | |
| (Name of Lin | nited Liability Company) | |
| The enclosed member, managing member of filing. | r manager resignation and fee(s) are submitted | l for |
| Please return all correspondence concerning | this matter to: | |
| LIZETH GAITAN | | _ |
| (Contact Person) | | 晋 8 |
| ALPHA MARINE LLC | | 題 |
| (Firm/Company) | | |
| 4351 SW 155 CT | | FLO |
| (Address) | | 强制 |
| MIAMI FL 33185 | | |
| (City/State and Zip Code) | | |
| For further information concerning this matt | ter, please call: | ٠ |
| LIZETH GAITAN | _at (_786) 999-2963 | |
| (Name of Contact Person) | (Area Code & Daytime Telephone Number) | |
| Enclosed please find a check made payable | to the Florida Department of State for: \$55 Filing Fee & | |
| V V V V V V V V V V | Certified Copy | |
| STREET/COURIER ADDRESS: | MAILING ADDRESS: | |
| Registration Section | Registration Section | |
| Division of Corporations | Division of Corporations | |
| Clifton Building | P.O. Box 6327 | |

CR2E079 (5/06)

Tallahassee, Florida 32301



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OF MEMBER, MANAGING MEMBER OR MANAGER FROM FLORIDA OR FOREIGN LIMITED LIABILITY COMPANY

| | e limited liability company as it ap PHA MARINE LLC | pears on the records of the Florida | · |
|--|--|-------------------------------------|---|
| 2. This limited liab | pility company was organized und | er the laws of: | TALCATAS |
| 3. The Florida doc L0700002 | ument/registration number of this 3367 | limited liability company is: | OT OCT 23 PH 12: 38 SECRETARY OF STATE FALLALLESSEE FLORIDA |
| 4. I, GEORGE | CARRERA Name of Person Resigning) | , hereby resign as a MGRM | itle) |
| of this limited lia resignation in wi | bility company and affirm the lim | nited liability company has been no | • |
| Filing Fee: | \$25.00 (Required) | | |
| Certified Copy: | \$30.00 (Optional) | | |