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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Poseidon Aquariums LLC  
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

Kari Snell  
(Contact Person)

Poseidon Aquariums LLC  
(Firm/Company)

779 E Merritt Island Cswy #392  
(Address)

Merritt Island, FL 32952  
(City/State and Zip Code)

For further information concerning this matter, please call:

Kari Snell at (877) 469-8265  
(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  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

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TALLAHASSEE, FLORIDA

July 19, 2007

KARI SNELL  
779 E MERRITT ISLAND CSWY  
# 392  
MERRITT ISLAND, FL 32952

SUBJECT: POSEIDON AQUARIUMS LLC  
Ref. Number: W07000034693

We have received your document for POSEIDON AQUARIUMS LLC and your check(s) totaling \$50.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

The enclosed document(s) does/do not meet our filing requirements. Therefore, we are enclosing our appropriate form(s) and/or instructions.

Please return the original and one copy of 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) 245-6855.

Tammy Hampton  
Document Specialist  
Registration/Qualification Section

Letter Number: 207A00045611



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 limited liability company as it appears on the records of the Florida Department of State is: Poseidon Aquatics LLC

2. This limited liability company was organized under the laws of:  
Florida

3. The Florida document/registration number of this limited liability company is:  
6 07 0000 32154

4. I, Leif Konnerup, hereby resign as a Managing member  
(Print Name of Person Resigning) (Print Title)

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

Leif Konnerup  
Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

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