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TO: Registration Section Division of Corporations

SUBJECT: Rame of Limited Liability Company

DOCUMENT NUMBER: L08000024807

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

Name of Person

Liver Hawk Marine UC

Name of Firm/Company

2 Briarberry Bluff Road

Address

Savannah GA 31406

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

John K. Russ at (912 70% 0300

Name of Person Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

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

STREET ADDRESS:

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

INHS17 (12/13)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the of State is:	limited liability company as Piver Hawk Marine	it appears on the records of	of the Florida Departmen	t
2. The Florida doc LO 800	ument/registration number of フo ひ 2 4 8 0 フ	this limited liability com	pany is:	
3. The date this me	mber withdrew or will withd	raw is: 12/31/20	13	
4.I. Stephen	M Wheelock	hereby resign as a	MGRM	
4. I, Stephen M Wheelock, hereby resign as a		(Print Title)		
of this limited lia resignation in wr	bility company and affirm the iting.	e limited liability company	y has been notified of my	'
Spe M	Weeler		TAX II	
Signature of Re	esigning or Dissociating Mar	nager, Member		ић - -
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)			-~ ,