108000025226

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
Rec. 4/2/09 No Money
Office Use Only



400148221894

04/15/09--01006--001 **25.00

T. HAMPTON

APR 1 5 2009

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: AQUA MANINE (Name of Limite	302 LL C ed Liability Company)
The enclosed member, managing member or n filing.	nanager resignation and fee(s) are submitted for
Please return all correspondence concerning the	nis matter to:
STEUE COHEN (Contact Person)	
Firm/Company) 1/822 SHILL WY	LLE CF
For further information concerning this matter	
STEVE COHEN (Name of Contact Person)	at (S/3) So 9-2195 (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to \$25 Filing Fee	the Florida Department of State for: \$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
CR2E079 (5/06)	



RECEIVED

09 APR 14 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

April 3, 2009

STEVE COHEN 11822 SHIRE WYCLIFF CT TAMPA, FL 33626

SUBJECT: AQUAMARINE 302, LLC

Ref. Number: L08000025226

We have received your document for AQUAMARINE 302, LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$25.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return 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.

Letter Number: 309A00011308

Tammy Hampton Regulatory Specialist II

Division of Cornerations - P.O. ROY 6327 Tallahassaa Florida 32314



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	imited liability company as it appears on the records of the Florida Department
of State is:	AQUAMARINE 302, LLC
	AQUAMARINE 302, LLC
2. This limited liabi	lity company was organized under the laws of:
	ment/registration number of this limited liability company is:
1080	00025226
SLC	BODA, JOSEPH
4.1. 5705 S	14 S/060A, hereby resign as a MENN (Print Title)
(Prila No	ame of Person Resigning) (Print Title)
of this limited liab	ility company and affirm the limited liability company has been notified of my ting.
XIA	
Signature of Resi	gning Member, Managing Member or Manager
Filing Fee:	\$25.00 (Required)
	\$30.00 (Optional)