## L08000035787

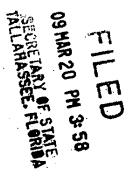
(Requestor's Name)
(Address)
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,
(City/State/Zip/Phone #)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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RA Rosign News 3-25-09

## **COVER LETTER**

SUBJECT: MARITIME CHARTER CROUP, LLC (Name of Limited Liability Company)
DOCUMENT NUMBER: 2080000 35787
· 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:
Lary Pimentel (Name of Person)
Maritime Charter Group, LLC (Name of Firm/Company)
300 Horbor Court
Rey Riscound FL 33149 (City/State and Zip Code)
For further information concerning this matter, please call:
Larry Pimentel at (305) 989-980/ (Name of Person) at (305) 989-980/ (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\$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.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:**

Amendment Section Division of Corporations

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

### STREET ADDRESS:

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

# RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions	s of section 608.416(2) or	608.509, Florida St	atutes, the undersigned,	202
LYALL	J. DUNCAN (Name of Registered Agent)	<u>)                                    </u>	, hereby resigns as	1
•	(Name of Registered Agent)			_
Registered Agent for	MARYTIME	CHARTER	GROUP, LLC	
	(Name of Limited L	iability Company)		9
L0800003	35787			
(Document Number	r, if known)			
A copy of this resignation	was mailed to the above	listed limited liabili	y company at its last known ad	dress.
The agency is terminated	and the office discontinue	d on the 31st day at	ter the date on which this stater	nent is filed.
		nture of Resigning Agen	nt)	
If signing on behalf of an	entity:			
	Lyall Typed	or Printed Name)	aN	
	Agen	pacity)		

**FILING FEES:** 

\$ 85.00 \$ 25.00

Active limited liability company
Administratively dissolved/ voluntarily dissolved/
withdrawn limited liability company

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