## 

(Rec	questor's Name)	
(Add	dress)	
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PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Document Number)		
Certified Copies	_ Certificates	s of Status
Special Instructions to Filing Officer:		

Office Use Only



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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: VESSEL (Name of	ACQVISITION VEH	ICLE, LLC.
The enclosed member, resignation or dis	ssociation and fee(s) are submitted for f	filing.
Please return all correspondence concern	ning this matter to:	
MYHANH LOUDEN		21
(Contact Person)  Vessel Acquisition V (Firm/Company)	lehide, LLC.	21 HOV -3
500 S FEDERAL HWY, #1641		-3 AH 9: 22
(Address)	****	3: 22
HALLANDALE, FL 33008		ra (S
(City/State and Zip Code)	<del></del>	
For further information concerning this	matter, please call:	
MYHANH LOUDEN	3055150135 at ()	
(Name of Contact Person)	(Area Code & Daytime Telephone	e Number)
Enclosed please find a check made paya \$25 Filing Fee  Kivendy Shmittel	ible to the Florida Department of State 1	
Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address: Registration Section Division of Corpora The Centre of Talla 2415 N. Monroe St Tallahassee, FL 323	ations hassee reet, Suite 810

CR2E079 (2/14)



October 25, 2021

MYHANH LOUDEN 500 S. FEDERAL HWY # 1641 HALLANDALE, FL 33008

SUBJECT: VESSEL ACQUISITION VEHICLE, LLC

Ref. Number: L08000042968

We have received your document for VESSEL ACQUISITION VEHICLE, LLC and your check(s) totaling \$525.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

ENTITY WAS VOLUNTARILY DISSOLVED 09/28/2021. ENTITY MUST BE ACTIVE TO FILE AMENDMENT.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Letter Number: 621A00025884

Alecia Rivers Regulatory Specialist II



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

1. The name of the limited liability company as it of State is:	appears on the records of the Florid  Fin Vehicle, LI	da Department
2. The Florida document/registration number assignment	gned to this limited liability compar	ny is:
L08 0000 42968	·	202
3. The date this member/manager withdrew/resign	ned or will withdraw/resign is:	021110
4. I, (Print Name of Person Resigning)	, hereby withdraw/resign as a	\$ & &
(Print Name of Person Resigning)		
AUTHORIZED REPRESENTATIVE		
(Print Title)		9: 22 5: 7:11
of this limited liability company and affirm the linesignation in writing.		notified of my
Signature of Dissociating Member or Resigning	ng Manager	
Filing Fee: \$25.00 (Required) Certified Copy: \$30.00 (Optional)		