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(Re	questor's Name)	<del></del>
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	dress)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	ne)
(Document Number)		
Certified Copies	_ Certificates	of Status
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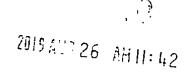
11971.128 WHI11:15

## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJ	JECT: MARINE MOBILITY SOLUT		
	(Name of Lir	nited Liability Con	npany)
The e	nclosed member, resignation or dissoc	iation and fee(s	) are submitted for filing.
Please	e return all correspondence concerning	this matter to:	
KARI	INA PACHECO		
-	(Contact Person)		_
GER	SON PRESTON		
	(Firm/Company)	<u> </u>	-
4770	BISCAYNE BLVD STE 400		
	(Address)	<u> </u>	-
MIAN	MI, FL 33137		
	(City/State and Zip Code)	<del></del>	-
For fu	arther information concerning this mat	ter, please call:	
KARI	INA PACHECO	305 at (	868-3600
	(Name of Contact Person)	_ '	& Daytime Telephone Number)
	osed please find a check made payable 5 Filing Fee		Department of State for: g Fee & Certified Copy
Regis	EET/COURIER ADDRESS:		MAILING ADDRESS: Registration Section
	ion of Corporations on Building		Division of Corporations P.O. Box 6327
2661	Executive Center Circle hassee, Florida 32301		Tallahassee, Florida 32314

CR2E079 (2/14)





## 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)

	limited liability company as it appears on the records of the Florida Departmen
2. The Florida doc L0800006716	ument/registration number assigned to this limited liability company is:
3. The date this me	ember/manager withdrew/resigned or will withdraw/resign is:
4. I.	
SECRETARY	
	(Print Title)
of this limited lia resignation in w	bility company and affirm the limited liability company has been notified of my iting.
Signature of D	issociating Member or Resigning Manager
Signature of D	issociating interior of resigning manager
•	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)