# L08000078304

(Requestor's Name)	
•	
(Address)	,
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
· (Business Entity Name)	
(Document Number)	
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C. LEWIS

MAR 2 2 2010

EXAMINER

#### **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: VIP OCEAN CHARTERS, LLC	;
(Name of Limited Liability	
The enclosed member, managing member or manager filing.	resignation and fee(s) are submitted for
Please return all correspondence concerning this matte	r to:
Rejean Lapierre	
(Contact Person)	<del></del>
Lapierre, Brault & Associates, Inc	<del></del>
(Firm/Company)	
7491, W Oakland Park Blvd., suite 306	
(Address)	
Lauderhill, FL 33319	
(City/State and Zip Code)	
For further information concerning this matter, please	call:
Rejean Lapierre at ( 95	4 749-8802
(Name of Contact Person) (Area 6	Code & Daytime Telephone Number)
Enclosed please find a check made payable to the Flor	da Department of State for:
\$25 Filing Fee	\$55 Filing Fee &
<u>—</u>	Certified Copy
STREET/COURIER ADDRESS:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations
Clifton Building	P.O. Box 6327
2661 Executive Center Circle	Tallahassee, Florida 32314
Tallahassee, Florida 32301	

CR2E079 (5/06)



### FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

#### FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	e limited liability company as it POCEAN CHARTERS,		s of the Florida Department
2. This limited liab	pility company was organized u	nder the laws of:	
3. The Florida doc L0800007	ument/registration number of th	nis limited liability cor 	mpany is:
4. I, Salbo Rea	al Estate Investments inc	., hereby resign as a	Managing Member (Print Title)
	ability company and affirm the l	imited liability compa	,
4			
Signature of Res	igning Member, Managing Me	mber or Manager	
Daviel	Salbo		
_	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		