## L08000 101611

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	_ Certificates	s of Status			
Special Instructions to Filing Officer:					

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## **COVER LETTER**

-	stration Section ion of Corporations				
SUBJECT:	MORNING LINE FLORIDA LI	LC			
	(Name of	Limited Liability Co	ompany)	•	
The enclosed	member, resignation or dis	sociation and fee	(s) are submitted for filing.		
Please return	all correspondence concern	ing this matter to	:		
LAWRENCE J	STEINIK				
	(Contact Person)		<del></del>		
	(1) (2)		<del></del>		
	(Firm/Company)				
8851 VIA PRE	STIGIO WEST				
	(Address)	<del></del>	<del></del>		
WELLINGTO	N. FL 33411				
	(City/State and Zip Code)		<del></del>		
For further in	nformation concerning this r	natter, please call	:		
GEORGE KON	NTONOTAS	954 at (	260 1111	23	1 <u>12</u>
(N	ame of Contact Person)	(Area Cod	e & Daytime Telephone Number)		
Enclosed please find a check made payable to the Florida Department of State for:  \$\sum \\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$\\$		EW II			
Regis	ng Address: stration Section		Street Address: Registration Section	=======================================	STATE SEATION
	ion of Corporations Box 6327		Division of Corporations The Centre of Tallahassee		
	hassee, FL 32314		2415 N. Monroe Street, Suite Tallahassee, FL 32303	810	

TO:



## 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 appea	ars on the records of the Florida Department	artment
of State is: MOR	NING LINE FLORIDA LLC		<u>.</u> .
2. The Florida docu L08000101611	ment/registration number assigned t	o this limited liability company is:	
		will withdraw/resign is: JULY 20, 20:	20
4. I,, hereby withdraw/resign as a, hereby withdraw/resign as a,			
(Print No	ime of Person Resigning)	week with the sign as a	
PRESIDENT			
	Print Title)		
of this limited liab resignation in wri	ility company and affirm the limited ting.	l liability company has been notified	l ofmyt.
		-	
Signature of Dis	sociating Member or Resigning Ma	nager	200 CEP 50 CEP 5
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		ATION ATION