

L090000000906

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

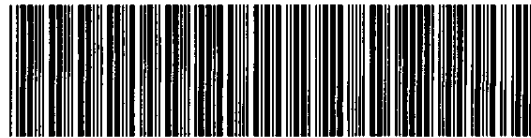
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



000207642130

05/19/11--01004--005 \*\*25.00

FILED  
2011 MAY 19 PM 1:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. SAULSBERRY  
EXAMINER

MAY 20 2011

### COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CARLSON MARITIME TRAVEL  
(Name of Limited Liability Company)

The enclosed member, managing member or manager resignation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

SUZANNE CARLSON  
(Contact Person)

CARLSON MARITIME TRAVEL  
(Firm/Company)

623 E. TARPON AVE  
(Address)

TARPON SPRINGS, FL. 34689  
(City/State and Zip Code)

For further information concerning this matter, please call:

SUZANNE CARLSON at 727 945-1930  
(Name of Contact Person) (Area Code & Daytime Telephone Number)

Enclosed please find a check made payable to the Florida Department of State for:

☒ \$25 Filing Fee

☐ \$55 Filing Fee &  
Certified Copy

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

FILED  
2011 MAY 19 PM 1:15  
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**

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: CARLSON MARITIME TRAVEL LLC

2. This limited liability company was organized under the laws of:  
FLORIDA DEPT OF STATE, DIVISION OF CORPORATIONS

3. The Florida document/registration number of this limited liability company is:  
109000000906

4. I, PAUL CHEEKS, hereby resign as a REGISTERED AGENT  
(Print Name of Person Resigning) (Print Title) *VP*

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Resigning Member, Managing Member or Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

FILED  
2011 MAY 19 PM 1:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA