LD9000012754

(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: L. SELLERS				
APR 1.3 2009				
EXAMINER				

Office Use Only



000148518440

04/10/09--01016--009 **25.00

09 APR 10 AM 8: 34 SECRETARY OF STATE

9 APR ID AM 8: 3

COVER LETTER

TO:		stration Section ion of Corporations	
SUBJ	ECT:	South Florida Boat Rei	ntals LLC ited Liability Company)
The e		I member, managing member or	manager resignation and fee(s) are submitted for
Please	e return	all correspondence concerning	this matter to:
Udo	Fisc	her	
		(Contact Person)	
		(Firm/Company)	
137	8 Che	esapeake Avenue	
		(Address)	
Nap	les, F	L 34102	
		(City/State and Zip Code)	
For fu	ırther ir	nformation concerning this matt	er, please call:
Udo	Fiscl	her	at (239) 595-0558
	(N	ame of Contact Person)	(Area Code & Daytime Telephone Number)
Enclo	sed ple	ase find a check made payable t	o the Florida Department of State for:
		\$25 Filing Fee	\$55 Filing Fee &
			Certified Copy
STRE	EET/C	OURIER ADDRESS:	MAILING ADDRESS:
		Section	Registration Section
		Corporations	Division of Corporations
	n Build		P.O. Box 6327
		ive Center Circle	Tallahassee, Florida 32314
Tallal	nassee,	Florida 32301	

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

	limited liability company as th Florida Boat Rent		of the Florida Department
2. This limited liab Florida	ility company was organized	d under the laws of:	
3. The Florida docu L09000012	ment/registration number o	f this limited liability com	npany is:
_{4. I,} Udo Fisch	er	, hereby resign as a	Manager
·			
of this limited lial resignation in wri	oility company and affirm th ting.	ne limited liability compar	ny has been notified of my
b. J	<u>L</u>		
Signature of Resi	gning Member, Managing N	Member or Manager	
_	\$25.00 (Required)		
Certified Copy:	\$30.00 (Optional)		

CR2E079 (5/06)

O9 APR 10 AM 8: 34
SECALIZATE STATE