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SECRETARY OF STATE

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(ALL AHASSEF FLORIDA

B. BOSTICK

JUL - 1 2013

EXAMINER

#### COVER LETTER

TO: Registration Section **Division of Corporations** 

NAUTICAL SYSTEMS USA, LLC

(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:

## JODI RONEN

(Contact Person)

### ACCU-TAX & ACCTG SERVICES, LLC

(Firm/Company)

130 NE 4TH AVE

(Address)

DEERFIELD BEACH, FL 33441

(City/State and Zip Code)

For further information concerning this matter, please call:

JODI RONEN

(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

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 UTICAL SYSTEMS US	it appears on the records of the FA, LLC	lorida Department
2. This limited liab	ility company was organized	under the laws of:	
3. The Florida doc: L100000159		f this limited liability company is:	
	SWANEPOEL	hereby resign as a MGRM	1
(Print Name of Person Resigning)  of this limited liability company and affirm the limited liability company			Print Title)
resignation in wa		e timited tiability company has be	en notified of my
-	gning Member, Managing M	lember or Manager	E IL 2013 JUN 28 SEURE JARY ALLAHASSE
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)		R PM IZ: 3

CR2E079 (5/06)