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FILING COVER S ACCT. #FCA-14	SHËET		
CONTACT:	Kim Weider	<u>ıbach</u>	
DATE:	02/11/13		
REF. #:	001714.1807	80	
CORP. NAME:	<u>CHARTER</u>	ONE YACHTS, LLC	
() ANNUAL REPORT () FOREIGN QUALIFIC () REINSTATEMENT () CERTIFICATE OF C	CATION		() ARTICLES OF DISSOLUTION () FICTITIOUS NAME () LIMITED LIABILITY () WITHDRAWAL
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Examiner's Initials

COVER LETTER

TO: Amendment Section Division of Corporations

Charter One Yachts, LLC

Name of Limited Liability Company

DOCUMENT NUMBER: L10000038087

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

William C. Phillippi, President

A C Double P Corporate Services, Inc.

Name of Firm/Company

200 S. Andrews Avenue, Suite 900

Address

Fort Lauderdale, Florida 33301

City/State and Zip Code

wcp@lubellrosen.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

William C. Phillippi
Name of Person

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET ADDRESS:

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 608.416(2) or 608.509, Florida Statutes, the undersigned,		
A C Double P Corporate Services, Inc., hereby resigns as		
Name of Registered Agent		
Registered Agent for Charter One Yachts, LLC		
Name of Limited Liability Company	,	
L10000038087		
Document Number, if known		
A copy of this resignation was mailed to the above listed limited liability company at its last known	address.	
The agency is terminated and the office discontinued on the 31st day after the date on which this sta	itement is filed.	
William C. Phillippi Prosilant Signature of Resigning Agent		
If signing on behalf of an entity:		
William C. Phillippi		
Typed or Printed Name		
President	2019 Sec	
Capacity	· 全帝 况 →	٦.
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PH INC PEEC.		j
FILING FEES: \$ 85.00 Active limited liability company \$ 25.00 Administratively dissolved/voluntarily dissolved/	DO OS	
3 25.00 Administratively dissolved voluntarity dissolved withdrawn limited liability commany	25 C	

Make checks payable to Florida Department of State and mail to:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314