## Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H13000227506 3)))



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To:

Division of Corporations

Fax Number : (050)617-6383

From:

Account Name : SALVATORI & WOOD, BUCKEL, PL

Account Number: I20030000112 Phone : (239)552-4100 Fax Number : (239)649-1706

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*
Email Address: SCS &SWbCI.COM

### LLC AMND/RESTATE/CORRECT OR M/MG RESIGN MARITIME SERVICES GROUP YACHT MANAGEMENT LLC

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Corporate Filing Menu

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https://efile.sunbiz.org/scripts/efilcovr.exe

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#### COVER LETTER

TO: Registration Section Division of Corporations

Maritime Services Group Yacht Management, LLC

(Name of Limited Liability Company)

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

Please return all correspondence concerning this matter to:

Gary K. Wilson

Salvatori, Wood, Buckel, Carmichael & Lottes

(Firm/Company)

9132 Strada Place, Fourth Floor

Naples, FL 34108
(City/State and 21p Code)

For further information concerning this matter, please call:

Gary K. Wilson

at (239) 552-4100 (Area Code & Daytime Telephone Number)

(Name of Contact Person)

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

325 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)

CR2E079 (5/06)



## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

		it appears on the records of the Florid acht Management, LLC	a Department
2. This limited liab Florida	ility company was organized	under the laws of:	SECIAL MASS
3. The Florida docu L100000452	•	this limited liability company is:	RY OF STATE.
4. I, Carolanne	Beasley ame of Person Resigning)	, hereby resign as a Managing	Member
resignation in wr		e limited liability company has been n	otified of my
Filing Fee:	\$25,00 (Required)		
Certified Copy:	\$30,00 (Optional)		