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(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
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(Business Entity Name)				
(Document Number)				
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COVER LETTER

	egistration Section vision of Corporations					
SUBJEC	T. INTEGRATED MARINE	SERVICES, LLC				
SOBOLO		(Name of Limited Liability Company)				
The enclo	sed member, resignation or dis	sociation and fee(s) are submitted for filing.			
Please ret	urn all correspondence concern	ing this matter to:				
Juan Ma	chado					
	(Contact Person)	-	-			
INTEGR	ATED MARINE SERVICES,	LLC				
	(Firm/Company)		-			
8669 NV	V 36 ST Suite 310					
	(Address)		-			
Doral, Fl	_, 33166					
	(City/State and Zip Code)		-			
For furthe	er information concerning this n	natter, please call:				
Juan Ma	chado	305 at (9611126			
	(Name of Contact Person)		& Daytime Telephone Number)			
Enclosed \$25 Fil	please find a check made payabing Fee		epartment of State for: Fee & Certified Copy			
	COURIER ADDRESS:		MAILING ADDRESS:			
Registration	on Section		Registration Section			

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

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





August 8, 2019

JESUS MACHADO 8669 NW 36 ST STE 310 DORAL, FL 33166

SUBJECT: INTEGRATED MARINE SERVICES, LLC

Ref. Number: L10000063134

We have received your document for INTEGRATED MARINE SERVICES, LLC and check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

This is a LLC the document you sent in is for a Corporation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6050.

Tracy L Lemieux Regulatory Specialist II

Letter Number: 519A00016297

www.sunbiz.org



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

(Pursuant to 605.0216, Florida Statutes)

		ords of the Florida Department
	ssigned to this limited	l liability company is:
nber/manager withdrew/res	signed or will withdrav	w/resign is:
do		
ed Member		
Print Title)		
	e limited liability con	npany has been notified of my
Indeado		TALLAHA
sociating Member or Resig	ning Manager	S3SS YYRA YYRA
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	ment/registration number as ment/registration number as mber/manager withdrew/res do me of Person Resigning) red Member Print Title) sility company and affirm the ting.	mber/manager withdrew/resigned or will withdrawdo, hereby withdrawdo