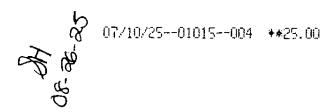


(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #)			
, , , , ,			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
Operation state and to 1 ming ember.			

Office Use Only



700453565277



FILED 2025 JUL 10 PM 1: 32

COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: SEAFAIR USA, LLC.		
(Name of	Limited Liability (Company)
The enclosed member, resignation or dis-	sociation and fe	e(s) are submitted for filing.
Please return all correspondence concern	ing this matter t	io:
Tim Lorenzen		
(Contact Person)		
(Firm/Company)		
8425 NW 41st St, Apt. 323		
(Address)		
FL 33166 Doral		
(City/State and Zip Code)		
For further information concerning this n	natter, please ca	ıll:
Tim Lorenzen	305 at (8765108
(Name of Contact Person)	(Area Co	ode & Daytime Telephone Number
Enclosed please find a check made payab	nle to the Florid	a Department of State for:
■ \$25 Filing Fee		ing Fee & Certified Copy
Mailing Address:		Street Address:
Registration Section		Registration Section
Division of Corporations P.O. Box 6327		Division of Corporations The Centre of Tallahassee
Tallahassee, FL 32314		2415 N. Monroe Street, Su
rananacovi (D 3 a 3 t)		Tollahassas El 32303





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)

1. The name of the of State is:		appears on the records of the Florida Department
2. The Florida doc L10000091872	ument/registration number assi	gned to this limited liability company is:
3. The date this me	ember/manager withdrew/resig	ned or will withdraw/resign is: May 23rd, 2025
Tim Lorenzen 4. I.		, hereby withdraw/resign as a
	lame of Person Resigning)	, nercey window resign as a
Chief Commercia	l Officer	
	(Print Title)	
resignation in wi	riting.	limited liability company has been notified of my
Signature of D	issociating Member or Resigni	ng Manager
,		
Filing Fee:	\$25.00 (Required) \$30.00 (Optional)	