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(Re	equestor's Name)			
(Ac	ldress)			
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(Cit	ty/State/Zip/Phone	#)		
PICK-UP	☐ WAIT	MAIL		
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Certified Copies	_ Certificates	of Status		
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B. BOSTICK

MAY - 2 2012

EXAMINER

COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Keith's Mobile Marine & Repair Service, (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:
Brenda Souscow (Contact Person)
Keith's Mabile Mariax & Repair (Firm/Company)
5752 Inagua Way
Naples FL 3419 (City/State and Zip Code)
For further information concerning this matter, please call:
Prends Sukow at (239 591-1914 5 3) (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 Certified Copy
STREET/COURIER ADDRESS: MAILING ADDRESS:
Registration Section Registration Section Division of Corporations Division of Corporations
Clifton Building P.O. Box 6327
2661 Executive Center Circle Tallahassee, Florida 32314
Tallahassee, Florida 32301

CR2E079 (5/06)



FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

		as it appears on the records of MARINE & Repair		
	ility company was organiz		•	
3. The Florida docu	iment/registration number 0 465 95	of this limited liability comp	pany is:	
4. I, <u>Been C</u>	La SPLKOW ame of Person Resigning)	, hereby resign as a _	SECRETARY (Print Title)]marn
of this limited liab resignation in wri		the limited liability company	y has been notified of	my
Signature of Resi	J. Saltou gning Member, Managing	Member or Manager		
1	, , , , ,	Wellber of Wallager	SELVA APR	L K(2)
Filing Fee:	\$25.00 (Required)		ာ ကို တိုင်း တ	ene
Certified Copy:	\$30.00 (Optional)		f / 1 == .	ĵ.
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