## #1.11000067473

(Requestor's Name)
(Address)
(Address)
(C)+ (C)++ (Z)+ (D)+++++(D)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



400251441284

09/19/13--01007--010 \*\*55.00

FILED

13 SEP 19 PH 4: 03

NERE MAY OF STATE
14 I Allassee, FLORIDA

K.SALY EXAMINER SEP 20 2013

## **COVER LETTER**

TO: Registration Section **Division of Corporations** 

First Coast Adventures LLC

(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:

Josh Carpenter

(Contact Person)

First Coast Adventures LLC

(Firm/Company)

PO Box 1304

(Address)

Orange Park, FL 32067

(City/State and Zip Code)

For further information concerning this matter, please call:

Josh Carpenter

(Name of Contact Person)

 $\underset{\text{(Area Code & Daytime Telephone Number)}}{\text{(Area Code & Daytime Telephone Number)}}$ 

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

□ \$25 Filing Fee

\$55 Filing Fee & Certified Copy

STREET/COURIER ADDRESS:

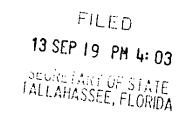
Registration Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Tallahassee, Florida 32301

**MAILING ADDRESS:** 

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

CR2E079 (5/06)





## FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

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

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: First Coast Adventures LLC		
2. This limited liab	ility company was organized under the laws of:	
3. The Florida doce L11000067	ument/registration number of this limited liability company is:	
4. I, Kemeth	hereby resign as a Managing Member (Print Title)	
of this limited lia resignation in wr	bility company and affirm the limited liability company has been notified of my iting.	
Signature of Res	gning Member, Managing Member or Manager	
Ž		
Filing Fee:	\$25.00 (Required)	
Certified Copy:	\$30.00 (Optional)	