## 111000067473

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(Add	dress)	
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TALLAHASSEE, FLORIUM

'JAN 1 5 2015 T. CARTER

## **COVER LETTER**

_	sion of Corporations		
SUBJECT:	First Coast Adventures, LL	С	
	(Name of Lir	nited Liability Cor	mpany)
The enclosed	d member, resignation or dissoc	iation and fee(s	s) are submitted for filing.
Please return	all correspondence concerning	this matter to:	
Joshua Cai	rpenter		
	(Contact Person)		_
First Coast	Adventures, LLC		
	(Firm/Company)	· · · · · · · · · · · · · · · · · · ·	<del></del>
12335 Win	dstream Lane		
	(Address)		_
Jacksonville	e, FL 32258		
	(City/State and Zip Code)		<del></del>
For further in	nformation concerning this mat	ter, please call:	
Joshua Car	rpenter	904 at (	608-1544
(N	lame of Contact Person)	(Area Code	& Daytime Telephone Number)
Enclosed ple	ease find a check made payable g Fee		Department of State for: g Fee & Certified Copy
	OURIER ADDRESS:		MAILING ADDRESS:
Registration Division of (	Section Corporations		Registration Section Division of Corporations
Clifton Build	ding		P.O. Box 6327
	ive Center Circle Florida 32301		Tallahassee, Florida 32314

CR2E079 (2/14)

FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

15 JAN 13 PM 3: 44



## 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 limited liability company as it appears on the records of the Florida Department of State is:  First Coast Adventures, LLC
2. The Florida document/registration number assigned to this limited liability company is: L11000067473
3. The date this member/manager withdrew/resigned or will withdraw/resign is:
4, I. Glenn Vopper II, hereby withdraw/resign as a, hereby withdraw/resign as a,
Manager
(Print Title)
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.
1 h =
Signature of Dissociating Member or Resigning Manager

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)