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SECRETARY OF STATE
ATTACKS SEE, FLORIDA

7. Burch NOV , 1.9, 2013



COVER LETTER

TO: Registration Section

Division of Corporations

SUBJECT: BROTHERS MARINE, 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:

JODI RONEN

(Contact Person)

ACCU-TAX &A CCOUNTING SVCS, LLC

(Firn/Company)

130 NE 4TH AVE

(Address)

DEERFIELD BEACH, FL 33441

(City/State and Zip Code)

For further information concerning this matter, please call:

JODI RONEN

_{at} 954

574-0081

(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

□ \$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 th	s limited liability company as it ap	pears on the records of the Flori	da Departi	ment
of State is: BF	ROTHERS MARINE, LLC		<u> </u>	ယ
	bility company was organized und	er the laws of:	LAHASSEE, F	NOV 18 PH
3. The Florida doc L11000124	ument/registration number of this	limited liability company is:	CORIDA:	
4. I, CONRAD		, hereby resign as a S		
•	Name of Person Resigning)	(Print Tule)		
of this limited life resignation in w	bility company and affirm the limiting.	ited liability company has been	notified of	îmy
,	gring Member, Managing Memb	or or Manager		
Filing Fee:	\$25.00 (Required)			
Certified Copy:	\$30.00 (Optional)			