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(Requestor's Name)				
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(City/State/Zip/Phone #)				
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PICK-UP	☐ WAIT	MAIL		
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Certified Conjec	Certificates	of Status		
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Special Instructions to	Filing Officer:			
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SECRETARY OF STATE
FALLAHASSEE ELOOIDA

K. SALY EXAMINER NOV 2 1 2012

COVER LETTER

TO:	Registration Section Division of Corporations	
etid i	ON COURSE MARINE SA	FETY, LLC
SUDJ	VECT: (Name of Limited	Liability Company)
The enfiling.	nclosed member, managing member or ma	unager resignation and fee(s) are submitted for
Please	e return all correspondence concerning this	s matter to:
GORI	DON L. BRAINERD	
	(Contact Person)	
ON C	OURSE MARINE SAFETY, LLC	
	(Firm/Company)	
7853	GUNN HWY, SUITE 332	
	(Address)	
TAMP	PA, FL 33626	
	(City/State and Zip Code)	
For fu	rther information concerning this matter, I	please call:
GORI	DON L. BRAINERD	(813) 871-2412
	(Name of Contact Person)	(Area Code & Daytime Telephone Number)
Enclos	sed please find a check made payable to th	
	\$25 Filing Fee	555 Filing Fee &
		Certified Copy
STRE	ET/COURIER ADDRESS:	MAILING ADDRESS:
	tration Section	Registration Section
	on of Corporations	Division of Corporations
	n Building	P.O. Box 6327
	Executive Center Circle assee, Florida 32301	Tallahassee, Florida 32314
CR2E07	79 (5/06)	



FILED"

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SEURETARY OF STATE
TALLAHASSEE, FLORIDA

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 ON COURSE MARINE SAFETY, LLC of State is:				
2. This limited liabil	lity company was organized	ander the laws of:		
3. The Florida docu L1200000374		this limited liability company is:		
4. IKEVIN RODERIQUES (Print Name of Person Resigning)		, hereby resign as a		
of this limited liab resignation in writ	ility company and affirm the ing.	limited liability company has been notified of my		
Signature of Resig	ming Member, Managing Me	mber or Manager		
	\$25.00 (Required) \$30.00 (Optional)			
CR2E079 (5/06)				