# 13000012783

| (Re                     | equestor's Name)   |           |
|-------------------------|--------------------|-----------|
| (Ad                     | ldress)            |           |
| (Ad                     | ldress)            |           |
| ,                       | ,                  |           |
| (Cit                    | ty/State/Zip/Phone | e #)      |
| PICK-UP                 | ☐ WAIT             | MAIL      |
| (Bu                     | Isiness Entity Nan | ne)       |
| (Do                     | ocument Number)    |           |
| Certified Copies        | _ Certificates     | of Status |
| Special Instructions to | Filing Officer:    |           |
|                         |                    |           |
|                         |                    |           |
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Office Use Only



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OCT 23 2013

SECRETARY OF STATE TALLAHASSEE, FLORIDA

#### **COVER LETTER**

| TO: Registration Section Division of Corporations  | •        |
|--|----------|
| SUBJECT: EAST SEAS 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:                                      |          |
| FARZAN MOHAMMED  |          |
| (Contact Person)   |          |
| BAST SEAS LLC  |          |
| (Firm/Company)   |          |
| 2186 NW 75TH WAY   |          |
| PEMBROKE PINCES, FL. 33024 HOLD AND THE COLOR (City/State and Zip Code)                          | Product. |
| For further information concerning this matter, please call:                                     | T        |
| ANTHONY 5. WALKER at 954 707 - 7975 3 3 (Area Code & Daytime Telephone Number)                   |          |
| Enclosed please find a check made payable to the Florida Department of State for:                |          |

#### STREET/COURIER ADDRESS:

\$25 Filing Fee

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

CR2E079 (5/06)

#### MAILING ADDRESS:

□ \$55 Filing Fee &

Certified Copy

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



### 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 li                      | imited liability company as it appears on the records of the Florida Depa     | rtment |
|--|---|--------|
| 2. This limited liabili                    | lity company was organized under the laws of:                                 |        |
|  | nent/registration number of this limited liability company is:                |        |
| 4. I, ANTHOR (Print Nan                    | 445, WACKER, hereby resign as a MBRM (Print Title)                            |        |
| of this limited liabi resignation in writi | ility company and affirm the limited liability company has been notified ing. | of my  |
| Auttor                                     | ming Member, Managing Member of Manager                                       | 2013 ( |
| Signature of Resign                        | ming Member, Managing Member of Manager                                       | #-     |
| Filing Fee:                                | \$25.00 (Required)  | R U    |
| Certified Copy:                            | \$30.00 (Optional)  | - 0    |