

L13000035971

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

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OCT 29 2015

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 16, 2015

CLIFFORD WILDES  
4860 SADDLE OAK TRAIL  
SARASOTA, FL 34241

SUBJECT: VISTA MAR PARTNERS, LLC  
Ref. Number: L13000035971

We have received your document for VISTA MAR PARTNERS, LLC and your check(s) totaling \$35.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The form you submitted is for a CORPORATION - INC, but your entity is a LIMITED LIABILITY COMPANY - LLC. Please complete and return the enclosed blank form(s).

You may comply with this request via fax. Please fax correction(s) to the attention of the undersigned examiner at 850-245-6030.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Mason  
Regulatory Specialist II

Letter Number: 215A00021999

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** VISTA MAR PARTNERS LLC  
(Name of Limited Liability Company)

The enclosed member, resignation or dissociation and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to:

KEITH KUEGER

(Contact Person)

VISTA MAR PARTNERS LLC

(Firm/Company)

P.O. BOX 22781

(Address)

ST PETERSBURG FL 33742

(City/State and Zip Code)

For further information concerning this matter, please call:

KEITH KUEGER

(Name of Contact Person)

at 501 350 5387  
813

(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



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: VISTA MAX PARTNERS LLC

2. The Florida document/registration number assigned to this limited liability company is:

LC13000035971

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 10/11/2015

4. I, CLIFFORD WILDER, hereby withdraw/resign as a  
(Print Name of Person Resigning)

MANAGING MEMBER  
(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

*previous and per letter*

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