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2014 JAN TO PRINZ Z SECRETARY OF STATE TALL ALIASSEE, FLORID

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COVER LETTER

Tallahassee, Florida 32301

CR2E079 (12/13)

TO: Registration Section Division of Corporations			
Division of Corporations			
SUBJECT: Amphibious Boats Florida, LLC (Name of Limited Liability Company)			
(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:			
Kenneth Mac D WAW (Contact Person)			
Amphibious Boats Horida LLC (Firm/Company)			
952 LAKE WYMAN ROAL			
(Address)			
BOCA RATION FL 33431 (City/State and Zip Code)			
(City/State and Zip Code)			
For further information concerning this matter, please call:			
Margaret Sate ACA at (5.70) 233-2349 (Name of Contact Person) (Area Code & Daytime Telephone Number			
(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			
Certified Copy			
STREET/COURIER ADDRESS: MAILING ADDRESS:			
Registration Section Registration Section			
Division of Corporations Division of Corporations			
Clifton Building P.O. Box 6327			
2661 Executive Center Circle Tallahassee, Florida 32314			



FILED 2014 JAN 16 PM 12: 23 SEURETARY OF STATE TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE DIVISION OF CORPORATIONS

RESIGNATION OR DISSOCIATION OF MEMBER, 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 of State is: AMPHIBIOUS BOATS FLORIDA, LLC.	
2. The Florida document/registration number of this limited liability company is: L/30000 8250/	
3. The date this member withdrew or will withdraw is: A. I., Margaret Satench, hereby resign as a MANAGING MEMBE (Print Name of Person Resigning) (Print Title)	Ľ
of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.	
Marguet Satesch Signature of Resigning or Dissociating Manager, Member	

CR2E079 (12/13)

Filing Fee:

Certified Copy:

\$25.00 (Required)

\$30.00 (Optional)