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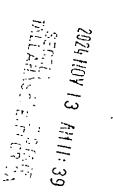
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COVER LETTER

Division of Corporations SEA NILE FISHING TEAM LLC **SUBJECT:** (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: MARK LLERENA (Contact Person) (Firm/Company) 3231 SE SAINT LUCIE BLVD (Address) STUART, FL 34997 (City/State and Zip Code) For further information concerning this matter, please call: 290-8051 MARK LLERENA (Area Code & Daytime Telephone Number) (Name of Contact Person) mark@csrestore.pro Enclosed please find a check made payable to the Florida Department of State for: □ \$55 Filing Fee & Certified Copy ■ \$25 Filing Fee Street Address: Mailing Address: Registration Section Registration Section **Division of Corporations Division of Corporations** The Centre of Tallahassee P.O. Box 6327 Tallahassee, FL 32314 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

CR2E079 (2/14)

TO:

Registration Section



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)

SEA	limited liability company as	s it appears on the records of the F	-
		ssigned to this limited liability cor	$\overline{\omega}$
4. I. MARCOS LLEF	PINA	signed or will withdraw/resign is:, hereby withdraw/resign as	39
of this limited lia		ne limited liability company has be	een notified of my
resignation in wr	ssociating Member or Resig	ning Manager	
-	\$25.00 (Required) \$30.00 (Optional)		