2/3000157151

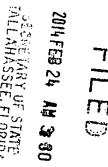
(Req	uestor's Name)			
(Add	ress)			
(Add	ress)			
(City	/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	s of Status		
Special Instructions to Filing Officer:				
	FEB 2 6 A. LUI			

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Hudsom Marine Service And Boot Repair	CUC
DOCUMENT NUMBER:	
The enclosed Resignation of Registered Agent for a Limited Liability Company for filing.	y and fee are submitted
Please return all correspondence concerning this matter to the following:	
Karl Fingerle Name of Person	
Hudson Marine Service Name of Firm Company	Ð. 2
14329 Old Dixie Hwy Address	MINFES 24 JESKE PAR
Hudson, Fl 34667 City/State and Zip Code	
into Chudson marine Service. Com E-mail address: (to be used for future annual report notification)	1 3 90 SIATE SIATE
For further information concerning this matter, please call:	
Karl Fincer le at (727.) 359. 457 Name of Person Area Code Daytime Telephon	o le Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

MAILING ADDRESS:

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

STREET ADDRESS:

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

RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of secti		the undersigned,		
Karl Fingerly	2 Legistered Agent	, hereby resigns	s as	
Registered Agent for Hude		e And Boat	Repair	<u> </u>
·	Name of Limited Liability Company	,		:
L13000157151	own			
A copy of this resignation was ma	ailed to the above listed limited	liability company at its !	last known ad	dræs.
The agency is terminated and the	office discontinued on the 31st	day after the date on wh	nich this state	
7/-	A Joseph Congrature of Resigning	ng Agent	RY OF SSEE, F	24 ZE
If signing on behalf of an entity:		•	S FATE LORIDA	3 30
 	Typed or Printed Name			
	Capacity			

FILING FEES:

\$ 85.00 Active limited liability company
\$ 25.00 Administratively dissolved/voluntarily dissolved/
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314