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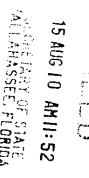
(Requestor's Name)			
(Address)			
(Address)			
(City/State/Zip/Phone #	¥)		
PICK-UP WAIT	MAIL		
(Business Entity Name	e)		
(Document Number)			
Certified Copies Certificates of	of Status		
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COVER LETTER

TO:

Registration Section

Tallahassee, Florida 32301

CR2E079 (2/14)

Division of Corporations	
SUBJECT: Beachcat Boat (Name of Limite	L (Lability Company)
The enclosed member, resignation or dissociate	on and fee(s) are submitted for filing.
Please return all correspondence concerning the	is matter to:
John Hartnett (Contact Person)	
Beacheat Boat LLC (Firm/Company)	
(Firm/Company) 120 Pinckney St. (Address)	
Oldsmar, FL 34677 (City/State and Zip Code)	
For further information concerning this matter,	please call:
Adam Rolewski a (Name of Contact Person)	t (727) 403 - 220/ (Area Code & Daytime Telephone Number)
Enclosed please find a check made payable to t	
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327
2661 Executive Center Circle	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)

	limited liability company as it appears on the records of cheat Boat UC	the Flo	orida De	partn	nent
<u></u>	mber/manager withdrew/resigned or will withdraw/resigned of Person Resigning) MOLT ((Print Title)	n is:	ALD	15 AT 10 AM 11: 52	<u>/</u> \$1
resignation in wri	bility company and affirm the limited liability company hiting. ssociating Member or Resigning Manager	nas beer	n notifi	ed of	my
Filing Fee: Certified Copy:	\$25.00 (Required) \$30.00 (Optional)				