## 114000013122

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SECRETARY OF STATE

K.SALY EXAMINER JUL 19

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT:	ARINE 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:	
Torge SUAREZ-MU, (Contact Person)	RIAS
JSM MANNE LLC (Firm/Company)	
5045 SW 65 FA	) e
(Address)	
Miami Fl 33/55  (City/State and Zip Code)	
For further information concerning this matter, please call:	
Torge Scarez-Morias at (	305) 361-2272 ea 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:	MAILING ADDRESS:
Registration Section	Registration Section
Division of Corporations	Division of Corporations

P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

Clifton Building

2661 Executive Center Circle

Tallahassee, Florida 32301





## 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:  \[ \sqrt{SM MARINE LLC} \]
2. The Florida document/registration number assigned to this limited liability company is:
<u> 140000/3122</u>
3. The date this member/manager withdrew/resigned or will withdraw/resign is: \(\subseteq \subseteq 0/6\)
4. I, Joige SUAREZ-MURIAS, hereby withdraw/resign as a (Print Name of Person Resigning)
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)