

L14 000070306

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

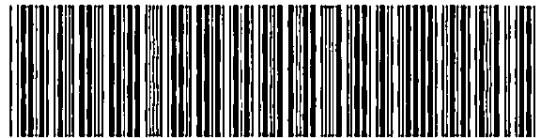
(Business Entity Name)

(Document Number)

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SECURITY OF STATE  
TALLAHASSEE, FL

AUG 11 2021

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** IDLETYME II, 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:

LINDA SKINNER BOSSHARDT  
\_\_\_\_\_  
(Contact Person)

YACHT REGISTRY SERVICES INC  
\_\_\_\_\_  
(Firm/Company)

801 SEABREEZE BLVD.  
\_\_\_\_\_  
(Address)

FORT LAUDERDALE, FL 33316  
\_\_\_\_\_  
(City/State and Zip Code)

For further information concerning this matter, please call:

LINDA SKINNER BOSSHARDT                      954                      527-1555  
\_\_\_\_\_  
(Name of Contact Person)                      at (                      )                      (Area 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

**Mailing Address:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303



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: IDLETYME II, LLC

2. The Florida document/registration number assigned to this limited liability company is:

L14000070306

3. The date this member/manager withdrew/resigned or will withdraw/resign is: JULY 14, 2021

4. I, JOHN W. CHASE, hereby withdraw/resign as a  
(Print Name of Person Resigning)

MEMBER

(Print Title)

of this limited liability company and affirm the limited liability company has been notified of my resignation in writing.

✓ John W Chase  
Signature of Dissociating Member or Resigning Manager

Filing Fee: \$25.00 (Required)  
Certified Copy: \$30.00 (Optional)

**FILED**  
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STATE OF FLORIDA  
TALLAHASSEE, FL