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SECRETARY OF STATE
TALLAHIASSEE, FI

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Dr. Boat Lift (Name of Limited Liability Con	npany)
The enclosed member, resignation or dissociation and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to:	
Troy Hughes (Contact Person)	-
t .	
(Firm/Company)	_
2174 Clover hill Rd	_
Palm Haifor FL 34683 (City/State and Zip Code)	_
For further information concerning this matter, please call:	
Troy Hughes! at (727 (Name of Contact Person) (Area Code	& Daytime Telephone Number)
Enclosed please find a check made payable to the Florida I S25 Filing Fee \$1 \$55 Filing	Department of State for: g 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

CR2E079 (2/14)



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				
1. The name of the	limited liability company	as it appears on the reco	ords of the Floric	la Departm	ent
of State is:	Dr. Boat Lift	440			 '
2. The Florida doc	ument/registration number	assigned to this limited	l liability compar	ny is:	
_ L 1:	500005947	<u>"</u>			
3. The date this me	ember/manager withdrew/r	esigned or will withdra	w/resign is: <u>05</u>	/26/	,2021
4. I, Troy	Hughes Name of Person Resigning)	, hereby withdra	w/resign as a		
MGR	(Print Title)				
of this limited lia resignation in w	ability company and affirm riting.	the limited liability con	mpany has been i		my
Z 1			FALL	2021 JUN 16	
Signature of D	issociating Member or Res	signing Manager	ARY C	_	 D
Filing Fee:	_ · · · ·		OF STAT SEE, FL		y /
Certified Copy:	\$30.00 (Optional)			0	