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| (Red | questor's Name) | | | |
|-----------------------------------------|-------------------|-------------|--|--|
| (Add | Iress) | | | |
| (Add | dress) | | | |
| (City | //State/Zip/Phone | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bus | siness Entity Nar | ne) | | |
| (Document Number) | | | | |
| Certified Copies | Certificates | s of Status | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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COVER LETTER

| - | stration Section | | | | |
|------------------------------------------------|------------------------------------------|--------------------|---------------------------------------------------------------------------------------|--|--|
| Divis | sion of Corporations | | | | |
| SUBJECT: | SKINNY WATERS MARINE AND RENTALS, LLC | | | | |
| | (Name of Lin | nited Liability Co | mpany) | | |
| The enclosed | d member, resignation or dissoc | iation and fee(| s) are submitted for filing. | | |
| Please return | n all correspondence concerning | this matter to: | | | |
| NICK SNIS | SKY | | | | |
| | (Contact Person) | | _ | | |
| SKINNY W | ATERS MARINE AND RENT | ΓALS, LLC | | | |
| | (Firm/Company) | | <u> </u> | | |
| 168 LAUR | EN LANE | | | | |
| | (Address) | | _ | | |
| SANTA RO | OSA BEACH, FL 32459 | | | | |
| | (City/State and Zip Code) | | _ | | |
| For further in | nformation concerning this matt | er, please call: | | | |
| NICK SNIS | SKY | 850 | 502-0282 | | |
| (N | lame of Contact Person) | - ' | & Daytime Telephone Number) | | |
| Enclosed ple \$25 Filing | ase find a check made payable t g Fee | | Department of State for: g Fee & Certified Copy | | |
| Registration Division of C Clifton Build | Corporations ding | | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 | | |
| | ive Center Circle Florida 32301 | | Tallahassee. Florida 32314 | | |

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. The name of the | limited liability company as | it appears on the records of the F | Florida Department |
|----------------------------------------|------------------------------|--------------------------------------|------------------------------------------------------------------------------------|
| of State is: SKIN | INY WATERS MARINE A | AND RENTALS LLC | · |
| 2. The Florida docu | ment/registration number as | ssigned to this limited liability co | mpany is: |
| L15000084373 | 3 | | |
| 3. The date this men | mber/manager withdrew/res | igned or will withdraw/resign is: | 7/20/17 |
| 4. I. (Print Name of Person Resigning) | | . hereby withdraw/resign as | a |
| (Print No | ume of Person Resigning) | <u> </u> | |
| MEMBER MA | NAGER [*] | | i Si . |
| | Print Title) | | 17.8 17.8 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 1.0 |
| of this limited liab | | e limited liability company has b | cen SSEE F |
| Avein | -Coloc | | SIA! |
| Signature of Dis | ssociating Member or Resig | ning Manager | WE NE |
| Filing Fee: | \$25.00 (Required) | | |
| Certified Copy: | \$30.00 (Optional) | | |