

L15000136659

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

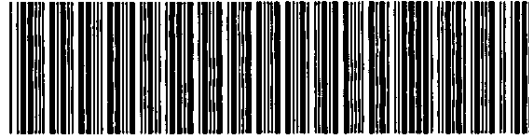
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

12/28/15--01013--018 \*\*25.00

DEC 28 2015  
J. HARRIS

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** AQUA DOLPHIN ENTERPRISES, 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:

Sylvia Kite  
(Contact Person)

\_\_\_\_\_  
(Firm/Company)

3895 Winona dr.  
(Address)

Pensacola, FL 32504  
(City/State and Zip Code)

For further information concerning this matter, please call:

Sylvia Kite at (904) 993 0160  
(Name of Contact Person) (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

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, Florida 32301

**MAILING ADDRESS:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
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)

1. The name of the limited liability company as it appears on the records of the Florida Department of State is: AQUA DOLPHIN ENTERPRISES, LLC

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

~~ENH 47 4891108~~ L15000136659

3. The date this member/manager withdrew/resigned or will withdraw/resign is: 11/5/15

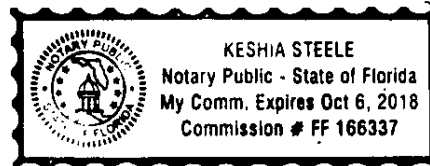
4. I, Sylvia Marie Kitt, hereby withdraw/resign as a  
(Print Name of Person Resigning)

Manager  
(Print Title)

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

S.M. Kitt 12/18/15  
Signature of Dissociating Member or Resigning Manager

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



CR2E079 (2/14)

Sworn to and subscribed to me Keshia Steele  
on the 18th day of December 2015 by  
Sylvia Kitt, who has provided TID as  
Identification.

2015 DEC 28 PM 2:01  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

12/18/15