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LLC AMND/RESTATE/CORRECT OR M/MG RESIGN: FRESH FLORIDA FISHERIES LLC

| فنتعن والمستحدد والمربول والمناف المستحد والمستحد والمستحد والمستحد والمستحد والمستحد والمستحد والمستحد والمستحد | والمستنب والم والمستنب والمستنب والمستنب والمستنب والمستنب والمستنب والمستن |
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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: FRE | SH FLORIDA FISHERIES | SLLC | | |
| 2. The Florida docu | ument/registration number as | signed to this limited lia | bility company is: | |
| L16000053285 | | | | |
| 3. The date this me | mber/manager withdrew/resi | igned or will withdraw/re | esign is: | |
| 4. I, GIOVANNI CARLUCCI (Print Name of Person Resigning) | | hereby withdraw/r | hereby withdraw/resign as a | |
| (Print N | ame of Person Resigning) | | | |
| MANAGER/A | | | | |
| | (Print Title) | | | |
| of this limited lial resignation in wr | bility company and affirm th iting. | e limited liability compa | ny has been notified of my | |
| | <u>y.</u> . c | P. | 2010 JUL | |
| Signature of Di | ssociating Member or Resig | ning Manager | | |
| Filing Fee: Certified Copy: | \$25.00 (Required) \$30.00 (Optional) | | TO AMID: 5 | |