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## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Diamond Jack & Style (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:
Darita Diamont (Contact Person)
Diamard Grant 75h-p
POBOX SS (Address)
Terra Cera Fl 34250 (City/State and Zip Code)
For further information concerning this matter, please call:
Donitabramad at (941) 416 190 (Name of Contact Person) (Area Code & Daytime Telephone Number)
Eficlosed please find a check made payable to the Florida Department of State for: \$25 Filing Fee \$\sum \\$55 Filing Fee & Certified Copy
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327

Tallahassee, Florida 32314

CR2E079 (2/14)

2661 Executive Center Circle

Tallahassee, Florida 32301



## 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:	ranare yacht & Ship LLC.
	ment/registration number assigned to this limited liability company is:
3. The date this me	mber/manager withdrew/resigned or will withdraw/resign is:
4. I, Charles (Print No.	hereby withdraw/resign as a hereby withdraw/resign as a hereby withdraw/resign as a
MGR	Print Title)
of this limited lial resignation in wri	pility company and affirm the limited liability company has been notified of my
	1/10 of
Signature of Di	ssociating Member or Resigning Manager
Filing Fee:	\$25.00 (Required)
Certified Copy:	\$30.00 (Optional)