

L16000123449

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

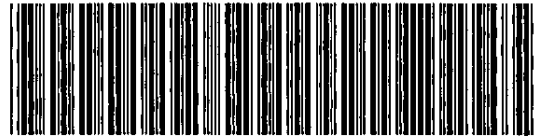
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE
JAN 24 2017

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NAVIGABLE MARINE HELISTOP HELIBOAT, 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:

Lynda Mariano

(Contact Person)

NAVIGABLE MARINE HELISTOP HELIBOAT, LLC
(Firm/Company)

5212 FISHER ISLAND DR
(Address)

MIAMI, FL. 33109
(City/State and Zip Code)

For further information concerning this matter, please call:

LYNDA MARIANO at 305 984-2331
(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

CR2E079 (2/14)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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: NAVIGABLE MARINE HELISTOP HELIBOAT, LLC
2. The Florida document/registration number assigned to this limited liability company is:
L16000123449
3. The date this member/manager withdrew/resigned or will withdraw/resign is: 11/5/2016
4. I, ALFRED R MORRISON, hereby withdraw/resign as a
(Print Name of Person Resigning)
MEMBER
(Print Title)

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

[Signature]
Signature of Dissociating Member or Resigning Manager

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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