

(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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Operational to Filling Street.

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S. WARREN AUG 0 7 2017



## FLORIDA DEPARTMENT OF STATE Division of Corporations

July 3, 2017

KURTE BOLTE 3313 SW SUNSET TRACE CIR PALM CITY, FL 34990

SUBJECT: RED 2 GREEN MARINE SERVICE, LLC

Ref. Number: L16000142718

We have received your document for RED 2 GREEN MARINE SERVICE, LLC and your check(s) totaling \$85.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing a computer printout which reflects the registered agent and registered office now on file with this office. Please amend your document accordingly.

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Stacey M Warren Regulatory Specialist II

Letter Number: 017A00013478

## **COVER LETTER**

Registration Section Division of Corporations

Tallahassee, Florida 32301

CR2E079 (2/14)

TO:

SUBJECT: RED Z GREEN MARINE SCRVICE 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:
KURT BOLTE (Contact Person)
Hen 2 GRECH MARINE SERVICE (Firm/Company)
3313 Su Sunser Trace Cir.
(City/State and Zip Code)
For further information concerning this matter, please call:  at (561) 339-7516  (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  See ATTACHEO LETTER - CHECK FOR 8500 LA YOUR  See ATTACHEO LETTER - CHECK FOR 8500 LA YOUR
STREET/COURIER ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle  MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 632 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)

-		-		c di-	
					_
1. The name of the li	mited liabil	ity company as it	appears on the re	cords of the Florida	a Department
of State is:	ED Z	GREEN	MARINE	Service	uc.
2. The Florida docur				,	
L 160001	4271	&	·	!	
3. The date this men	nber/manag	er withdrew/resig	ened or will withd	raw/resign is: 7/	1/17_
4.1, MIKE	me of Person		, hereby with	draw/resign as a	
	Print Title)			,	
of this limited liab	ility compa	iny and affirm the	limited liability o	company has been t	notified of my
12	7			_	
Signature of Di	ssociating N	Member or Resign	ning Manager		
Filing Fee:		(Required)			17
Certified Copy:	\$30.00	(Optional)		Line Section	FILED PH 4: 2